COUGHLIN
employee benefits specialists
Coughlin & Associates Ltd. is a People Corporation company

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PSAC OPTIONAL BENEFITS CHANGE FORM

Please print clearly. Complete the form in ink, sign and date the form and return to your plan administrator for processing.

Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

1. PLAN MEMBER INFORMATION

Plan sponsor/Group name Public Service Alliance of Canada		Policy Numbers GL17700 (Optional Life) and/or CO10367302 (Optional Critical Illness)	
Member last name	Member first name	Member middle initial	Member ID/PIN
Mailing address		City	Province / Postal code
Email address		Primary telephone	Secondary telephone
Date of birth (yyyy/mm/dd)	Sex ☐ Male ☐ Female	Language of correspondence	☐ English ☐ French

Marital status ☐ Single ☐ Widowed ☐ Common-law ☐ Divorced ☐ Separated ☐ Married

Provide effective date of marital status (yyyy/mm/dd) _____

If common-law, confirm date of co-habitation (yyyy/mm/dd) _____

2. SPOUSE INFORMATION

Spouse last name	Spouse first name	Date of birth (yyyy/mm/dd)	Sex ☐ Male ☐ Female

3. COVERAGE CHANGE

OPTIONAL LIFE

Coverage is available to members and their spouses in units of $25,000. The minimum amount available is $25,000 and the maximum amount is $250,000. Coverage in the amount of $20,000 is also available for your eligible dependant children. To apply for an increase in coverage, please complete the "Enhanced coverage application form". All changes (termination or decrease in coverage) requested below will become effective the 1st of the month following receipt of the signed form.

I hereby wish to terminate or decrease my coverage as identified below.

	TERMINATE	DECREASE	IF DECREASE IN COVERAGE, CONFIRM AMOUNT		
			Current amount	Decrease	New amount
Member	☐ Terminate	☐ Decrease →	$ _____	$ _____	$ _____
Spouse	☐ Terminate	☐ Decrease →	$ _____	$ _____	$ _____
Child	☐ Terminate				

OPTIONAL CRITICAL ILLNESS

Coverage is available to members and their spouses in units of $10,000. The minimum amount available is $10,000 and the maximum amount is $150,000. Coverage in the amount of $5,000 is also available for your eligible dependant children. To apply for an increase in coverage, please complete the "Questionnaire for critical illness insurance" form. All changes (termination or decrease in coverage) requested below will become effective the 1st of the month following receipt of the signed form.

I hereby wish to terminate or decrease my coverage as identified below.

	TERMINATE	DECREASE	IF DECREASE IN COVERAGE, CONFIRM AMOUNT		
			Current amount	Decrease	New amount
Member	☐ Terminate	☐ Decrease →	$ _____	$ _____	$ _____
Spouse	☐ Terminate	☐ Decrease →	$ _____	$ _____	$ _____
Child	☐ Terminate				

4. AUTHORIZATION & DECLARATION

I hereby apply for coverage under the policyholder's group plans. I authorize the deduction from my pay of any contribution I must make toward the cost of these and any future benefits. I authorize Coughlin & Associates Ltd. ("Coughlin") to collect, use, maintain and disclose my personal information with the following persons, organizations or parties: health care providers; companies affiliated with Coughlin; financial institutions; government agencies; insurance companies and their reinsurers and/or service providers; employers or former employers; my local union; plan trustees and auditors for the purposes of plan administration, audit, assessment, investigation, claim management, underwriting and for determining plan eligibility (as applicable). When providing personal information for my spouse and/or dependants, I confirm that I am authorized to act on their behalf. I agree that a photocopy or electronic copy of this form is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Member signature	Date (yyyy/mm/dd)
You must print THEN sign this form	

Protecting your personal information: Coughlin recognizes and respects every individual's right to privacy. We are committed to keeping personal information private, confidential, accurate and secure. When personal information is provided to us, we establish a confidential file that is kept in our office, or the office of an organization authorized by us. Personal information is kept in a secure environment. We limit access to personal information in your file to Coughlin staff or persons authorized by Coughlin who require access to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to administer the plan. You may exercise certain rights of access to the personal information in your file, and where appropriate, to have inaccurate information corrected by sending a written request to Coughlin. For information on our Privacy Policy, visit our website at www.coughlin.ca, or send a written request to our Privacy Officer by mail or by email at privacy@coughlin.ca.