\$10,000 \$PSAC AFPC

10 000 \$ GRATUIT

*I accept the free \$10,000 of life insurance and free \$10,000 of accidental death & dismemberment coverage from the PSAC Insurance Trust. Please enrol me in the Free \$10,000 insurance plan today!

Protecting your personal information

The administrator of your group benefits plan is Coughlin & Associates Ltd. At Coughlin, we recognize and respect every individual's right to privacy. When personal information is provided to us, we establish a confidential file that is kept in the offices of Coughlin, or the offices of an organization authorized by Coughlin. We use the information to administer the group benefits plan. We limit access to information in your file to Coughlin staff or persons authorized by Coughlin who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law.

PSAC MEMBER INFORMATION (PLEASE PRINT IN INK)

ENROLMENT CARD

PSAC identification number (mandatory)	Certificate number (IAN)
Last name	First name	Initial
Address		
City	Province Postal code	
Date of birth (YEAR) (MONTH) (DAY)	Sex: Male Female Status: Smok	er Non-smoker
Language: English French	Email address:	
Home telephone:	Work telephone:	
YOUR BENEFICIARY FOR YOUR FREE \$10,000 COVERAGE (MANDATORY)		
Last name	First name	Initial
Date of birth Relationship Where Quebec law applies, a spouse beneficiary is irrevocable (cannot be changed) unless you make the designation revocable by checking here: Revocable		
I confirm that I am actively at work. I request the complimentary insurance coverage offered by the PSAC Insurance Trust. Further, I hereby apply for membership in the PSAC if I am not already a member.		
If you have already enrolled in the "FREE \$10,000 COVERAGE from PSAC" then, you do NOT have to complete this card.		
Coughlin & Associates Ltd. PO BOX 3518, Station C Ottawa, ON K1Y 4G1 tel: 613-237-6792 fax: 613-231-2345 1-800-216-1107 www.coughlin.ca/psac-afpc		
Date I (YEAR) (MONTH) (DAY)	Signature	