



THE UNIVERSITY OF BRITISH COLUMBIA

OPTIONAL LIFE INSURANCE CHANGE FORM FOR FACULTY / STAFF

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<input type="text"/>	<input type="text"/>
NAME	SOCIAL INSURANCE NUMBER
<input type="text"/>	<input type="text"/>
SPOUSE'S NAME (if applicable)	SOCIAL INSURANCE NUMBER

COVERAGE REDUCTION

I wish to change the following coverage under the Optional Life Insurance Plan:

OPTIONAL LIFE INSURANCE (reduces AD&D Insurance also)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		PRESENT COVERAGE	NEW AMOUNT REQUESTED
SPOUSAL LIFE INSURANCE	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		PRESENT COVERAGE	NEW AMOUNT REQUESTED

Reduction effective first of month following receipt of request.

COVERAGE CANCELLATION

I wish to cancel the following coverage under the Optional Life Insurance Plan:

OPTIONAL EMPLOYEE LIFE INSURANCE (cancels AD&D Insurance also)	<input type="checkbox"/>	<input type="text"/>
		DATE OF CANCELLATION
CANCEL EMPLOYEE AD&D ONLY	<input type="checkbox"/>	<input type="text"/>
		DATE OF CANCELLATION
SPOUSAL LIFE INSURANCE	<input type="checkbox"/>	<input type="text"/>
		DATE OF CANCELLATION
CANCEL SPOUSAL AD&D ONLY	<input type="checkbox"/>	<input type="text"/>
		DATE OF CANCELLATION

Cancellation effective end of month in which request is received unless a later date is requested.

CHANGE OF SMOKER STATUS

I wish to change the following coverage under the Optional Life Insurance Plan:

OPTIONAL LIFE INSURANCE	<input type="checkbox"/>	I HAVE BEGUN USING TOBACCO PRODUCTS AS OF _____ Please change to smoker status.*
	<input type="checkbox"/>	I HAVE CEASED USING TOBACCO PRODUCTS for the past 12 months or more.**
SPOUSAL LIFE INSURANCE	<input type="checkbox"/>	MY SPOUSE HAS BEGUN USING TOBACCO PRODUCTS AS OF _____. Please change to smoker status.*
	<input type="checkbox"/>	MY SPOUSE HAS CEASED USING TOBACCO PRODUCTS for the past 12 months or more.**

*Change to smoker status effective the month smoking commenced.
**Change to non-smoker status effective first of month following receipt of notification of 12 months as a non-smoker.

<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYEE'S SIGNATURE	DATE	DEPARTMENT
<input type="text"/>	<input type="text"/>	
SPOUSE'S SIGNATURE (if applicable)	DATE	

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Financial Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
Optional Life Insurance coverage changed as indicated	Entered By	Date	Effective Date