



Post-Retirement Insured Benefits Application

Public Service Pension Plan (PSPP)

You can complete this form if you are a **retiree** to apply for your Post-Retirement Insured Benefits Plan coverage through The Canada Life Assurance Company.

OPB client number

(OPB use only)
Canada Life plan no.

1. Retiree information

Last name (print)	First name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Dependant information

This section must be completed to confirm your dependant information. Changes made here **do not apply** to your beneficiary designations for your PSPP pension. If you have additional dependants beyond those listed below, please include the information on a separate sheet and attach it to this form.

Relationship to Retiree	Last name	First name	Birthdate (YYYYMMDD)	Full-time student age 21-25 (yes/no)	Disabled age 21 older (yes/no)

3. Coordination of benefits (COB)

Does your spouse have group insurance coverage under any other plans? Yes No

If yes, indicate if your spouse is entitled to benefits under another plan:

Medical	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Waived	Contact Canada Life about ANY unique COB situation (e.g., coverage by spouse, ex-spouse, etc.).
Vision Care/Hearing Aid	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Waived	
Dental coverage	<input type="checkbox"/> Single	<input type="checkbox"/> Family	<input type="checkbox"/> Waived	

4. Group insurance benefits

Please ensure the coverage selected here and in your Retirement Elections Package is the same.

Coverage type: Health/Hospital insurance, Vision Care/Hearing Aid and Dental

Single **OR** Family

Supplementary Life Insurance (SLI) - If you would like to change your SLI election, please contact our Client Care Centre at 1-800-668-6203 or 416-364-5035.



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5. Designation of life insurance beneficiary

Complete this section if you elected Basic Life Insurance (BLI) or Supplementary Life Insurance (SLI).

I, the undersigned, designate the following person(s) or my estate to receive the money payable at my death under the Province of Ontario Pensioner's Group Insurance policies. I revoke any previous designation in regard to benefits payable under the said policies at my death.

Estate **OR** Beneficiary

#	Beneficiary's relationship to Retiree	Last name	First name	Initials	Birthdate YYYYMMDD (if under 18)	Percentage (%) of Life Insurance (must total 100%)
1						
2						

Note: If there are more than two life insurance beneficiaries, list ALL on a separate sheet, sign, witness and date, and attach it to this form. Benefits divided amongst all beneficiaries must add up to 100%.

Quebec residents only: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be **irrevocable unless you check the box below** marked 'revocable'.

I hereby make the above designation **revocable**, and I may change this beneficiary designation at any time.

Declaration appointing Trustee (if beneficiary is under 18):

I hereby appoint _____ as Trustee to receive the money payable
Trustee first and last name

to any beneficiary designated above who is not of sufficient age to give a legal discharge on the date of payment and I hereby authorize the said Trustee in their sole discretion to expend from time to time the money belonging to any such beneficiary, or any part of such money, for the maintenance or education of such beneficiary.

Sign and date

X _____ Date signed (YYYYMMDD)
Retiree/survivor signature (required)

Eligibility criteria

For more eligibility details please visit 'Insured Benefits' in the Retired Members section of our website: **OPB.ca**.

Privacy Policy: The personal information collected on this form will be used only to administer post-retirement insured benefits. It is required by the Government of Ontario, OPB, and Canada Life in order to ensure your eligibility for the benefits, that the payment of claims is correct, to respond to your questions, and for audit purposes. Access to your file is limited to the staff of the Government of Ontario, OPB, and Canada Life or persons authorized by them who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. For more information or if you have any questions, contact OPB's Client Care Centre or OPB's Privacy Officer at:

Telephone: 416-364-5035 or **toll-free** 1-800-668-6203 (Canada & USA) | **Fax:** 416-364-7578 | **OPB.ca**