

644 MAIN ST PO BOX 220
MONCTON NB E1C 8L3
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maax.policy.administrators@medavie.bluecross.ca

230 BROWNLOW AVE DARTMOUTH
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PO BOX 2000, 185 THE WEST MALL SUITE 1200
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1981 MCGILL COLLEGE AVENUE, SUITE 100
MONTREAL, QC H3A 3A7
TEL: 1-888-588-1212 FAX: 1-514-286-8444
administration@medavie.bluecross.ca

Employee's Name: _____ **Policy Number:** _____ **Division Number:** _____

Identification / Certificate Number: _____

(If you are part of a payroll policy, please provide payroll number above.)

1. DECLARATION OF RELEASE OF INTEREST (To be completed by irrevocable beneficiary if the current beneficiary is designated as irrevocable.)

I, having been named as an irrevocable beneficiary of the named employee within the policy mentioned above, hereby release all of my rights, titles or interests in said policy.

Dated at _____ this _____ day of _____ 20 _____

Beneficiary Name: _____ Beneficiary Signature: _____

Address: _____ (Please Print)

Witness' Name: _____ Witness' Signature: _____

(Witness to Signature of Beneficiary - Please Print)

2. DECLARATION OF APPOINTMENT OF BENEFICIARY

With the exception of an irrevocable designation, you may change your beneficiary at any time without his or her consent.

By choosing irrevocable, no future changes to the designated beneficiary(ies), including the percentage assigned, will be permitted without the written consent of said irrevocable beneficiary(ies). Irrevocable beneficiary(ies) considered a minor under the provincial jurisdiction of residence cannot give consent to these changes.

For the Province of Québec, the designation of your spouse as beneficiary is presumed irrevocable unless otherwise specified.

Benefits are paid to the designated beneficiary(ies) below. If a legal beneficiary has not been appointed and the below fields are left blank, benefits are paid to the estate of the deceased employee.

First Name	Last Name	Date of Birth (DD/MM/YYYY)	Percentage (Must total 100%)	Relationship	Telephone Number	Revocable	Irrevocable
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>
						<input type="radio"/>	<input type="radio"/>

Trustee and Contingent Information:

Trustee: A person given control or powers of administration of property held in trust with a legal obligation to administer it solely for the purposes specified.

For designated beneficiaries considered a minor, a Trustee is to receive any amount due for any beneficiary considered a minor under the provincial jurisdiction of residence.

Contingent: The individual(s) designated by the Employee to receive benefits in the event the primary beneficiary is deceased.

	First Name	Last Name	Date of Birth (DD/MM/YYYY)	Percentage (Must total 100%)	Relationship	Telephone Number
Trustee						
Contingent						
Contingent						
Contingent						

For the Province of Québec, where the beneficiary of a life insurance policy is a minor at the time of the insured's death, Medavie Blue Cross will pay the proceeds to parent(s) (or other legal guardian, if applicable), and not to anyone else who might be named as administrator/trustee of the proceeds. If you wish to have another person administering the child's proceeds, you should have the proper provisions in your will. You may also want to consult with a legal counsel to determine whether there is some estate planning steps you can take to support your wishes.

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3. PRIVACY CONSENT

I understand that the personal information I have provided herein is collected and used by Medavie Blue Cross to administer the terms of my policy or the group policy of which I am an eligible member, recommend suitable products and services that I am eligible for as a member of a policy, and other applicable purposes, as described in the Medavie Blue Cross Privacy Statement at medaviebc.ca.

Depending on the type of coverage I carry, limited personal information such as claim, health and/or financial related data may be collected from and/or released to following third parties as required for the purposes of administering and managing the benefits outlined in the policy of which I am an eligible member. These third parties may include healthcare providers, other insurance companies, regulatory authorities and investigative bodies, services providers, and/or the cardholder of any contract under which I am a participant.

Where allowed by law, my information may be shared with Medavie Blue Cross employees or service providers in jurisdictions other than where it was collected. If I am a resident of Quebec, this includes transferring or disclosing my personal information to Medavie Blue Cross employees or service providers outside of that province.

I understand that my consent is only valid for the time it is needed to achieve the purposes outlined herein, unless I withdraw it. I understand I may withdraw my consent at any time. However, in some instances doing so may prevent Medavie Blue Cross from providing me with certain products or services that may be useful to me and/or my dependents. This consent complies with federal and provincial privacy laws.

For more details about our information practices, including how your personal information is protected, how to access or correct personal information, or if you have concerns or questions, please see our Medavie Blue Cross Privacy Statement available at medaviebc.ca or call 1-800-667-4511.

4. AUTHORIZATION OF CHANGE

I, the employee, hereby revoke all previous designations of any beneficiary(ies). I now designate the beneficiary(ies) specified in Section 2 (Declaration of Appointment of Beneficiary) to receive proceeds payable on my death under the policy mentioned above.

Dated at _____ this _____ day of _____ 20 _____

Employee's Name: _____ Employee's Signature: _____
(Please Print)