

The University of King's College

Insurance Plan Information

Employee Name

Appointment of Beneficiary

	Name	Relationship
A	_____	_____
B	_____	_____
C	_____	_____

- A - Group Life Insurance (SIB)
- B - Voluntary Group Term Life Insurance
- C - Voluntary Personal Accident Insurance

I understand that any benefits payable on my death will be payable to my designated beneficiary,
if living, otherwise to my estate.

Designation Of Spouse

Spouse

Surname	Given Name
---------	------------

I certify that the following applies to me as of the date of the signature below. The administrator of the University of King's College Insurance Plan is directed to administer my insurance entitlements in accordance with the indicated description of my marital/spousal circumstances:

Please check only one:

I am legally married and my marriage has not been voided by a declaration of nullity, divorce or decree. _____

I currently have a common law spouse with whom I have cohabited as husband and wife for at least three years and neither of us is legally married to another person. ____

I currently have a same sex partner with whom I have cohabited for at least one year and neither of us is legally married to another person. _____

I do not currently satisfy any of the above conditions for spousal entitlements. _____

Dated _____

Signature _____