

Human Resources
 Henry Hicks Academic Administration Building
 Room 21 – 6299 South Street
 Halifax, NS B3H 4R2



APPOINTMENT OF BENEFICIARY
Life and Accidental Death & Dismemberment Insurance

Name: _____

Employee Number: _____

Date of Birth: _____

Indicate an "X" opposite the designated beneficiary for each applicable benefit. If there is more than one beneficiary, it will be deemed that you would like the beneficiaries to share the amount equally, unless you indicate the percentage designated to each beneficiary.

Upon commencement of employment, enrollment in life and accidental death & dismemberment is automatic.

Beneficiary Designation

Full Name	Date of Birth (dd-mm-yy)	Relationship	Life & AD&D	Optional Life	Optional AD&D

Minors

When naming a minor as your beneficiary, you will need to indicate the name of an adult to act on the minor's behalf.

When naming a minor as a beneficiary, state their name and the words "**payable to** (name of adult) **in trust** directly under their name.

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

 Employee Signature

 Date