

SURVIVOR INCOME BENEFIT BENEFICIARY

Name: _____ Employee Number: **B** _____

Date of Birth: _____

Should an employee decease while insured, this benefit provides financial assistance to the beneficiary.

Benefit Amount:

Spouse Benefit: 25% of the employee’s gross monthly earnings to a maximum of \$1,389. This benefit will be paid until the spouse attains age 65.

Children’s Benefit: 5% of the employee’s gross monthly earnings, per child, to a maximum of \$278, per child, limited to the 3 youngest children. This benefit will be paid to the end of the period in which the child qualifies as a dependant.

Orphan’s Benefit: 10% of the employee’s gross monthly earnings per child, to a maximum \$556, per child, limited to the 3 youngest children. This benefit will be paid to the end of the period in which the child qualifies as a dependant.

Please indicate the names, relationship and dates of birth of your spouse/partner and/or dependant children under age 25:

<u>Full Name</u>	<u>Relationship</u>	<u>Date of Birth (dd/mm/yy)</u>

Removing a beneficiary

If you wish to remove a spouse/partner and/or dependant, please indicate in the section below.

Note: It is the responsibility of the employee to inform Employee Benefits of any changes regarding a spouse/partner and or children.

 Signature

 Date