

Benefits & Beneficiary Designation Confirmation

**Kingston Health
Sciences Centre**

Employee Name:

Status: Full Time Part Time Pro Rata

Manulife Financial You have 30 days from your start date to sign up. Late applications subject to evidence of insurability.

Benefit Type	Check Box: single, family or decline		
	Single	Family	Decline
Major Medical/Pay Direct Drug Benefit (Prescription & Vision)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi Private Hospital Room Coverage (100% paid by employer)	<input type="checkbox"/>		

If family coverage is chosen, list the individuals to be covered under your benefit plan:

Name	Relationship	Gender	Birth date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Will you be coordinating your benefits with another person? Yes No

Insurance Policy

List the individuals you would like to name as life insurance beneficiaries:

Name	Percentage of Benefit (must = 100%)	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby revoke any previous beneficiary designation in relation to my foregoing coverage (s) and designate the person (s) named above. I reserve the right to change the appointed beneficiaries subject to any legal restrictions. I agree to comply with the terms and conditions of the carriers' policies. I authorize payroll deductions by my employer if required and consent to the use of my Social Insurance Number by the benefit carriers for the purpose of benefit administration. By signing this form I acknowledge I have received information on the above benefit programs.

Employee Signature:

Date (yyyy/mm/dd):