

**Public Service Group Insurance Fund
Request for A Higher Life Insurance Class
Policy 330780**

Employee Information

Name of Employee _____
(Last Name) (Given Names in Full)

Employee Number _____ Social Insurance Number _____

Insurance Information

a) Insurance Annual Salary (rounded to nearest dollar): \$ _____

b) Current Class (1 through 4): _____

c) Current Insurance in Force (maximum \$1,000,000): \$ _____

d) New Class Requested (2 through 5): _____

e) New Insurance (if approved): \$ _____

Note: The new insurance Class and coverage (as indicated above) are subject to approval by the Insurance Company.

We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement, 8001
OR Form 7425 (green or tan card) - COPIES OF FORMS ONLY

___ Statement of Health for Group Insurance, M5995

___ Application for Changes in Life Insurance, 8003

Authorized Signing Officer Date

Contact Person _____

Employer _____

Address _____

Phone Number _____

Mail to: The Civil Service Superannuation Board
1200-444 St. Mary Ave
Winnipeg MB R3C 3T1