PSBT Benefits+

Application for Benefits Coverage

Under the Power Sector Benefit Trust through Canada Life

Send completed form to:
802-10 Carlson Court
Toronto, ON M9W 6L2

Note: Fill out this form to enroll in Employee Group Benefits

1. Plan Member Information

The Power Sector Benefit Trust plan sponsor — **56105** group policy number:

SIN | date of birth (mm/dd/yy) | ☐ M ☐ F sex

first name | middle initial | last name

address | city | province | postal code

phone | cell | email

2. Dependant Information

Applying for Family coverage?

☐ yes ☐ no

If yes, please complete this section listing all eligible dependants.

first name	initial	last name	sex	relationship	DOB (mm/dd/yy)
			☐ M ☐ F		
			☐ M ☐ F		
			☐ M ☐ F		

3. Beneficiary Designation

Note: In the event of Applicant's death, the Primary Beneficiary (or Beneficiaries) will receive life claim benefits. *"Contingent"* receives life benefits in the event of Primary Beneficiary's death.

I appoint as primary revocable beneficiary of the insurance payable in the event of my death:

first name	initial	last name	relationship	percent allocated

As a contingent beneficiary I appoint:

first name	initial	last name	relationship

I appoint as a Trustee for minors (under the age of 18) in the event of death of primary and contingenet beneficiaries:

first name	initial	last name	relationship

4. Applicant's Authorization

I apply for the benefits under the policy or policies indicated above. I hereby authorize the use of my social insurance number for the administration of the benefits applied for under this group policy.

date (mm/dd/yy) | signature of employee/member | province of residence | province of employment

5. Administrator

This section to be completed by administrator

certificate number | division | effective date

employee | effective date

dependants | effective date