



# Enrollment Form Voluntary Accidental Death & Dismemberment Insurance - Standard

SSQ, Life Insurance Company Inc.

RESET

## Identification of Employer or Policyholder

1T490

Policy Number

Name of Employer or Policyholder

## Plan Member Section

Last Name

First Name

Amount of Principal Sum

| Y | Y | Y | Y | | M | M | | D | D |  
Date of Birth

### Request Type

- New insurance (Employee / Member only Plan)
- Addition of Family Plan
- Change in amount of insurance
- New insurance (Employee / Member and Family Plan)
- Deletion of Family Plan
- Change of beneficiary
- Change of name

Is spouse to be covered "Common Law"?  No  Yes → If yes, please provide name.

Spouse's Last Name

Spouse's First Name

## Beneficiary(ies) Designation

- If more than one beneficiary is designated, specify the capital allocation percentage (%) beside each beneficiary's name.
- Where a minor is designated as a beneficiary, it is recommended that a trustee be appointed for claims purposes.

**Note for Quebec residents only:** Unless indicated "revocable" in the original designation, the spousal beneficiary is always "Irrevocable".

Last Name	First Name	Relationship to the Plan Member	Percentage (%)	Revocable	Irrevocable
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				<input type="checkbox"/>	<input type="checkbox"/>

## Authorization

- I authorize the deduction from my salary of the premiums for the insurance applied for as shown above.
- I have been given the opportunity to apply for this insurance but I do not desire to participate.

Plan Member's Signature

| Y | Y | Y | Y | | M | M | | D | D |  
Date

**The terms and conditions governing the insurance are set out in the Group Policy which is on file with the Employer or Policyholder.  
Return this copy to your Employer or Policyholder.**

This document must be retained by the Employer or Policyholder.