



# CDCS HEALTH CLAIMS INC.

58 Lisgar St., Suite 300, Sudbury, ON P3E 3L7 705-675-2222

P.O. Box 156 Stn. "B", Sudbury, ON P3E 4N5 800-265-2327

## CHANGE IN BENEFICIARY

<b>EMPLOYER INFORMATION:</b>	
<b>EMPLOYERS NAME:</b>	<b>GROUP NUMBER:</b>
<b>NAME OF EMPLOYEE:</b>	<b>EFFECTIVE DATE:</b>
<b>CERTIFICATE NUMBER:</b>	<b>DIVISION NUMBER:</b>

<b>BENEFICIARY DESIGNATION:</b>					
I, the undersigned, do hereby revoke all previous beneficiary nominations and declare that at my death, all insurance proceeds will be payable to:					
<b>BENEFIT</b>	<b>%</b>	<b>BENEFICIARY (LAST NAME, FIRST NAME)</b>	<b>RELATIONSHIP TO EMPLOYEE</b>	<b>1 – Revocable 2 – Irrevocable</b>	<b>If Named Beneficiary is a Minor, Name of Trustee</b>
Important Note: The employee is the beneficiary of insurance on the lives of his or her dependents. Unless otherwise stipulated or prohibited by law, the designation of any beneficiary is revocable. If the beneficiary is shown as irrevocable, his/her consent is required to change it. In Quebec the designation of your spouse as beneficiary is Irrevocable unless otherwise specified.					

<b>EMPLOYER AUTHORIZATION</b>		
<b>NAME (Please Print)</b>	<b>SIGNATURE</b>	<b>DATE SIGNED (dd/mm/yyyy)</b>