



CDCS HEALTH CLAIMS INC.

1556 Lasalle Side Unit 3, Sudbury, ON P3A 1Z7

705-675-2222 800-265-2327 Fax 705-675-2376

CHANGE IN BENEFICIARY

EMPLOYER INFORMATION:	
EMPLOYERS NAME:	GROUP NUMBER:
NAME OF EMPLOYEE:	EFFECTIVE DATE:
CERTIFICATE NUMBER:	DIVISION NUMBER:

BENEFICIARY DESIGNATION:					
I, the undersigned, do hereby revoke all previous beneficiary nominations and declare that at my death, all insurance proceeds will be payable to:					
BENEFIT	%	BENEFICIARY (LAST NAME, FIRST NAME)	RELATIONSHIP TO EMPLOYEE	1 – Revocable 2 – Irrevocable	If Named Beneficiary is a Minor, Name of Trustee
<p>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.</p>					

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