

**Public Service Group Insurance Fund
Application For Changes In Life Insurance Class
Policy 330780**

Personal Information – To be answered in full by employee, please print

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

Employee Number _____ Certificate No./SIN _____ Date of Birth _____
YYYY MM DD

I hereby elect to have my Life Insurance Class changed to (place an "X" in the appropriate space):

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Class 5 | Class 4 | Class 3 | Class 2 | Class 1 |
| 5X Annual Salary* | 4X Annual Salary* | 3X Annual Salary* | 2X Annual Salary* | 1X Annual Salary* |

If this is a request for an increased Class, I acknowledge that I will be required to provide medical evidence of insurability satisfactory to the Insurance Company at my expense, and that the increase in Class is subject to the Insurance Company's approval. I also acknowledge that if I am approved for a higher Class, my Life Insurance premiums which are deducted from my pay will be increased accordingly. The increase in coverage is effective after the first deduction made at the increased class.

If this is a request for a reduced Class, I understand that to increase my Class at a later date, I will have to provide medical evidence of insurability that is satisfactory to the Insurance Company. Any costs incurred in providing evidence of insurability will be at my expense. A refund of premiums is not made when an employee, without sufficient notice, reduces their insurance and deductions are unavoidably made. The decrease in coverage is effective after the first deduction at the lower class.

* subject to age reductions and maximum insurance of \$1,000,000

Signature of Insured Member

Date

Witness to the Above Signature

Date