

Public Service Group Insurance Fund Retirement Notice for Insurance Only Members

To be completed in full by Department and forwarded to the CSSB as soon as final premium deductions are made.

PLEASE PRINT OR TYPE

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

b) Social Insurance Number: _____ c) Date of Birth: _____
YYYY MM DD

d) Home Address: _____

e) Home Phone Number: _____

f) Employee Number: _____ g) Date Entered Insurance Plan: _____
YYYY MM DD

h) Date of Retirement: _____ i) Last Physical Day Worked: _____
YYYY MM DD YYYY MM DD

j) Retirement Due To Ill Health: ____ / ____
Yes No
 (n/a if employee age 65 or over)

k) Insurance Annual Salary at Date of Retirement: \$ _____

l) Insurance Class At Retirement: _____

m) Insurance Coverage At Date of Retirement (Before Age Reduction): (k x l) \$ _____

n) Dependents Units _____ o) Spouse's Date of Birth _____
YYYY MM DD

p) We enclose the following forms:

___ Group Life Insurance and Dependents Insurance Appointment and Election Statement (8001) or 7425 (Green or Tan Card) and 3965 (orange card) - ORIGINAL FORMS REQUIRED

___ Voluntary Reduction in Insurance Class Card, if applicable (7411 or 7426)

___ Beneficiary Designation Form 1536 or M6697, if applicable

___ Application for Changes in Life Insurance Class (8003), if applicable

___ Application for Changes/Coverage in Dependents Insurance (8002, 8002A, or 8002B), if applicable

q) The Department has deducted a final premium of \$ _____ and \$ _____ from the _____
Life Insurance Dependents Ins. Bi-Weekly/Monthly
 salary of \$ _____ on the payroll of _____ to _____ to provide insurance to
YYYY MM DD YYYY MM DD

YYYY MM DD

Authorized Signing Officer Print Name of Authorized Signing Officer Date

Employer Department Phone Number

Mail to: The Civil Service Superannuation Board
 1200-444 St. Mary Ave
 Winnipeg MB R3C 3T1