



BENEFICIARY DESIGNATION / BENEFICIARY CHANGE FORM

For CUPE 503, CIPP, MPE, CUPE 5500, Para Transpo and IATSE employees only

Use this form to indicate who you wish to receive the proceeds of your life and accident insurance. See reverse for instructions on how to complete this form.

A PERSONAL INFORMATION			(PLEASE PRINT)		
Name of employee (last, first, middle initial)	Province of residence	Employee / Member ID #			
	<input type="checkbox"/> Ontario <input type="checkbox"/> Quebec				
B BENEFICIARY INFORMATION			(PLEASE PRINT)		
I hereby designate the following individual(s), organization(s) or estate to receive any amount payable in accordance with the plans below in the event of my death. I reserve the right to change these designations at any time, in a manner that is in accordance with the provisions of any law or regulation.					
Plan	Name of beneficiary (last, first, middle initial)	Date of Birth yyyy/mmm/dd	Relationship to employee	Primary (%)	Contingent (%)
Basic Life Insurance					
	TOTAL			100%	100%
Optional Life Insurance (if approved)					
	TOTAL			100%	100%
Basic Accidental Death and Dismemberment Insurance					
	TOTAL			100%	100%
Optional Accidental Death and Dismemberment Insurance (if applicable)					
	TOTAL			100%	100%
C FOR QUEBEC RESIDENTS ONLY DESIGNATION OF SPOUSE AS BENEFICIARY			(PLEASE PRINT)		
If you live in Quebec, the designation of your legally married or civil union spouse as beneficiary is irrevocable, unless you specify otherwise. This rule does not apply to a common-law spouse. If you want to revoke an irrevocable designation at any time after the City of Ottawa has received it, your spouse's consent will be required in writing. You will be required to submit a <i>Change of Irrevocable Beneficiary Consent Form</i> , signed and dated by your spouse (see reverse for instructions). You are responsible for ensuring the validity of your designation. Payment will be made to the last validly designated beneficiary, relieving the City of Ottawa from any further obligations.				Designation <input type="checkbox"/> Irrevocable <input type="checkbox"/> Revocable	
D DESIGNATION OF A MINOR CHILD AS BENEFICIARY			(PLEASE PRINT)		
If you have designated a beneficiary (primary or contingent) who is under the age of majority, you must appoint a trustee to receive any amount due to any beneficiary under the age of 18, by completing the spaces below.					
If you are a Quebec resident, the designation of a trustee is not required on this form (see reverse for details).					
Name of trustee (last, first, middle initial)	Relationship to employee	Telephone #			
		() -			
E AUTHORIZATION AND SIGNATURE					
I confirm the above beneficiary designations. I understand that, in the event that my primary beneficiary(ies) predecease(s) me or die(s) at the same time as me, death benefits will pass to any designated contingent beneficiary(ies). If there are no primary or contingent beneficiaries remaining, the proceeds will pass to my estate.					
I understand that I (if living) will be the beneficiary of any dependent insurance, otherwise the proceeds will be payable to my estate.					
Note: The personal information requested on this form is collected for the purpose of processing and administering your direct and indirect compensation, as required or permitted by law. The handling of all personal information is limited to the employees of the City of Ottawa and its benefit providers involved in these processes, and it is governed by the <i>Municipal Freedom of Information and Protection of Privacy Act</i> and by the federal government's privacy legislation, the <i>Personal Information Protection and Electronic Documents Act</i> . Questions about the use and collection of this information can be directed to Payroll, Pensions & Benefits at 613-580-2424, ext. 47411.					
Employee signature			Date (yyyy/mmm/dd)		
F FOR OFFICE USE ONLY					
Date SAP completed:		PBO initials:			

Return completed form to: City of Ottawa, Payroll, Pensions & Benefits, 100 Constellation Dr., Ottawa, ON K2G 6J8, or through internal mail, to mail code 26-31.

INSTRUCTIONS FOR COMPLETING THIS FORM

A properly completed and current designation filed with your group benefit records at the City of Ottawa will ensure that your insurance proceeds will be paid directly to the person(s) you want to receive it.

If you fail to submit your beneficiary designation, the insurance proceeds will go to your estate and be used first and foremost to pay any creditors. It is important to keep in mind that, if you do not have a legal will in place, legal complications could arise. If you already have a designated beneficiary on file and fail to update your designation, payment will be made to the last validly designated beneficiary on file, relieving the City of Ottawa from any further obligations.

The designation on this form will cancel and replace all previous designations under the City of Ottawa's Benefits Program.

Corrections

Strike through any mistakes you make on the form. Clearly print and initial the correction.

ALL corrections must be initialed.

Step 1 Section A – Personal information

- Print your full name, starting with the last name, then first name and, if applicable, middle initial (for example: Smith, John, E.).
- Place a mark (✓) in the check-box representing your province of residence.
- Print your employee ID number.

Step 2 Section B – Beneficiary information

Name of beneficiary

- Print the name of the person(s) who will receive the proceeds from your life and accident insurance in the event of your death. Start with the last name, then first name and, if applicable, middle initial (for example: Smith, John, E.).
- If you wish to designate more than three beneficiaries, attach a separate sheet listing the additional beneficiaries.
- Different insurers cover different types of plans under the City's Benefits Program. To ensure that your designation is processed accurately, you **MUST** repeat your beneficiary's personal information in the space provided for each plan, even if you are designating the same person (**words like "ditto" or "same" will render your designation null and void under those plans**).
- You may name any person, a legal entity, such as a charitable organization (with a charitable organization number) or your estate as beneficiary (ies).
- The beneficiaries you designate for your life and accident insurance do not have to be the same.
- Your designations are revocable, that is, you may change beneficiaries and perform certain policy transactions at any time without the designated beneficiary's knowledge or consent, with one exception (see Step 3 below).
- If you had a previous spouse, a divorce or separation agreement could have an impact on the benefit paid, so you may wish to consult your legal advisor before completing this form.
- If you do not have Optional Life or Optional Accidental Death and Dismemberment insurance, leave these sections blank.

Relationship to employee

- Specify the type of relationship you have with the person(s) you are designating as beneficiary(ies) (for example: spouse, (step-) daughter, (step-) son, brother, sister, mother, father, cousin, friend, etc.).

Primary or contingent

- Indicate the beneficiary type for each designated person. The form provides for two types of beneficiaries:

Primary	The person(s) or legal entity, such as a charitable organization, trust or estate, which would be entitled to receive your insurance proceeds.
Contingent	The person(s) or legal entity, such as a charitable organization, trust or estate, who becomes your primary beneficiary(ies) in the event that all primary beneficiary(ies) die(ies) before you.

- You do not have to designate both types of beneficiaries. However, if no contingent beneficiary is designated, and your primary beneficiary(ies) does not survive you; the proceeds will be paid to your estate and used first and foremost to pay your creditors. If you do not have a legal will in place, legal complications could arise.
- If you name several primary beneficiaries and one dies, his or her share will be split in equal amounts among the other principal beneficiaries.
- If you name more than one person as beneficiary, you must indicate the percentages that you wish each designated beneficiary to receive. Otherwise, payment will be made in equal shares to your primary beneficiary (ies) who survive(s) you.
- Please use percentages (%), not dollar amounts. The percentages assigned under each plan must total 100%.

Step 3 Section C (for Quebec residents only) – Designation of spouse as beneficiary

- In Quebec, the designation of your legally married or civil union spouse as beneficiary is irrevocable, unless you specify otherwise. This rule does not apply to a common-law spouse. This means that his or her written authorization will be required if you want to make a change to your irrevocable beneficiary designation.
- Place a check mark (✓) in the appropriate box to indicate "Revocable" or "Irrevocable" designation for your spouse.

Irrevocable	If you check the "Irrevocable" box, your spouse's consent will be required in writing for any changes you wish to make to your beneficiary designation in the future.
Revocable	If you check the "Revocable" box, or have previously designated your legally married or civil union spouse as an irrevocable beneficiary, you must also download a <i>Change of Irrevocable Beneficiary Consent Form</i> for your spouse to complete and sign, and submit it with this form. Copies of the form are available on Ozone, at "EmployeeInfo/ Pension and Benefits/My Benefits/ Benefit forms", or from Payroll, Pensions and Benefits at 613-580-2424 ext. 47411.

- If you fail to select an option, your spouse – if designated – will be considered an irrevocable beneficiary.

Step 4 Section D – Designation of a minor child as beneficiary

- Complete the name of the person(s), legal entity, such as a charitable organization or trust, who will receive your insurance proceeds on behalf of any children under age 18 when you die. Start with the last name, then first name and, if applicable, middle initial (for example: Smith, John, E.).
- Specify your relationship to the person you are designating as trustee (for example: friend, company, etc.). You cannot name your primary beneficiary as the Trustee for your contingent beneficiary (ies).
- This section does not apply to Quebec residents. Forms such as this one are not accepted by Quebec courts to designate a trustee. Please consult your legal advisor for the proper documentation to designate a trustee.

Step 5 Section E – Authorization and signature

- Sign and date the form.
- Return the form to:
City of Ottawa, Payroll, Pensions & Benefits, 100 Constellation Dr., Ottawa, ON K2G 6J8, or internal mail to mail code 26-31.

Questions

For guidance on designating your beneficiary(ies), you may wish to consult your estate lawyer or legal advisor. For questions regarding this form, contact the Payroll, Pensions & Benefits at 613-580-2424, ext 47411 or at pensionandbenefitsinquiries@ottawa.ca.