MUNICIPAL EMPLOYEES GROUP INSURANCE PLAN **APPLICATION / CHANGE - VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT** INSURANCE (VOLUNTARY AD&D) This form is to be completed and signed regardless of your desire to APPLY OR NOT

Employer Number Employer Name									
Employee Name S.I.N									
Polic	y Number: 9430010	<u>)</u>							
APPLY OR DECLINE									
1.	 I do not wish to participate, having been given the opportunity to apply for this Insurance. Or (Complete both questions below) 								
	I authorize my employer to take the required deductions for Voluntary AD&D Insurance.								
2.	Amount of Insurance Amount Required - Please check one coverage choice (Contact your employer for cost) Coverage Choice								
	□ \$25,000 □	3 \$50,000	□ \$75,000	□ \$100,000	□ \$125,000				
	□ \$150,000 □	3 \$175,000	□ \$200,000	□ \$225,000	□ \$250,000				
3.	Please indicate che	Please indicate choice of Plan: Employee Only Plan OR							
	Employee & Family Plan (Enter Name of Spouse/Partner to be covered below):								
			Last N	ame	First	Name	Middle Initial		
-	NGES se check appropr	iate boxes:							
Change of Name			Change to Family Plan		Change to Er	nployee Plan			
	Change in Amount of	Insurance	Change of Beneficiary		□ Cancel Coverage (Cease Deductions)				
BENEFICIARY DESIGNATION FOR VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE: Please PRINT CLEARLY in INK. Any crossed out beneficiary designations must be initialed by Employee. Percent Relationship Beneficiary's name(s) allocated to plan member									
Last I	Name	First Name	Middle	e Initial					
Last Name First Name		Middle Initial							
Last I	Name	First Name	Middle	e Initial					
 To be divided as follows: As per the percentages indicated above, or In equal shares to the survivor(s) You may change this beneficiary designation at any time upon notice to MEBP. If designating a beneficiary who is a minor or who lacks legal capacity, please complete the reverse (P. 2) of this form. If you are designating a Trustee/Administrator, we recommend you consult with a legal advisor, and with any proposed Trustee/Administrator. If no beneficiary hereby designated survives you, the benefits payable on and after your death will be paid to your Estate. 									
EMPLOYEE SIGNATURE I hereby acknowledge that I have read and understand the Privacy Statement, Authorization & Declaration on the Reverse of this Form as well as the Group Insurance sections of the MEBP Benefit Information Booklet (available online at <u>www.mebp.mb.ca</u>). I also confirm the option(s) chosen and Beneficiary Designation as above.									
Date (dd/mmm/yyyy) Signature									
Date	ate (dd/mmm/yyyy) Witness (Other than Beneficiary)								
SEE REVERSE OF THIS FORM – EMPLOYEE'S INITIALS REQUIRED 2025/01 MEBP Form #78 Page 1 of 2									

VOLUNTARY AD&D Continued – Authorization & Trustee Appointment								
Employee Name								
Authorizations and Declarations - This section must be initialed in I authorize:	n INK by the employee.							
 MEBP, my group insurance carriers, my plan administrator, other insurance other benefits programs, other organizations, or service providers working administer the plan. 								
I agree that a photocopy or electronic copy of this Authorizations and Declaration	ons section is as valid as the original.							
I certify that the information given is true, correct and complete to the best of my knowledge. Initial by Employee								
Before using this form, you should satisfy yourself that it will carry out your intentions as the Municipal Employees Benefits Program do								
assume any responsibility for the validity or effect of the completed form.		am does not						
Trustee Appointment - You may wish to appoint a Trustee/Administr required for a life claim.	trator by completing this section. The original of this f	form will be						
If designating a beneficiary who is a minor or who lacks legal capacity you are The legal guardian of the child is not necessarily the Trustee of the 'funds' for								
If you are designating a Trustee/Administrator, we recommend you consult w	with a legal advisor, and with any proposed Trustee/Ad	Iministrator.						
Do not complete this section if you have made another trustee/admini	nistrator appointment.							
I hereby appoint the following Trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release MEBP and their insurance carriers from further liability. The Trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The Trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the Trustee shall deliver to the beneficiary all assets held in trust.								
PLEASE PRINT								
Trustee Last Name First Name	Middle Initial Relationship to Plan	n Member						
Trustee's Current Address:								
Trustee's Current Phone No	_							
EMPLOYEE SIGNATURE	Date							
Privacy – This section explains MEBP's commitment to privacy.								
Protecting Your Perso	onal Information							
At the Municipal Employees Benefits Program (MEBP), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of MEBP or the offices of an organization authorized by MEBP. We limit access to personal information in your file to MEBP staff or persons authorized by MEBP who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to administer the benefits plan.								
Original to MEBP office Copy to Employee Copy to Employer	Municipal Employees Benefits Program PO Box 764 Winnipeg MB R3C 2L4 Toll Free 1-800-432-1908 or (204) 926-7979)						
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