

Things to know when completing this form:

- ✓ This form will replace all prior beneficiary designations. It must be signed by the plan member. It **cannot** be signed by a Power of Attorney.
- ✓ Please **DO NOT** use whiteout. Simply cross out any errors and write your initials beside the change.
- ✓ This form must be completed in ink.
- ✓ If you require additional space, please complete a second Beneficiary Designation Form.

1. Tell us about yourself

First Name:	Last Name:	Benefit ID:
Current Mailing Address (Street, City, Province, Postal Code):		Daytime Telephone Number:

2. Name a Beneficiary for your Group Life Insurance

Primary Beneficiary(ies): Name the person(s) to receive the insurance benefit if you pass away while insured.

First Name	Last Name	Relationship to You	Date of Birth (dd/mm/yyyy)	% allocated to a combined total of 100%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		

Contingent Beneficiary(ies): Name the person(s) to receive the insurance benefit if you are predeceased by your primary beneficiary(ies).

First Name	Last Name	Relationship to You	Date of Birth (dd/mm/yyyy)	% allocated to a combined total of 100%
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		
		<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Estate <input type="checkbox"/> Other: _____		

Trustee: If any person(s) above are under 18; name a trustee who will receive and be responsible for the insurance benefit on the child's behalf.

First Name	Last Name	Relationship to You	Date of Birth (dd/mm/yyyy)

3. Please sign and date below

Your signature:	Today's Date: (dd/mm/yyyy)
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I hereby acknowledge that I have read and understand the conditions of the Employee Benefit Plans, as outlined in the Plans' commentary booklets available online at www.3sHealth.ca. I understand these benefits are subject to the terms of the Group Life Insurance Plan, as applicable, administered by Health Shared Services Saskatchewan (3sHealth).

I hereby expressly consent to the collection, use, and disclosure of my personal information by 3sHealth for the purpose of administering my benefits, for the purpose of sharing my information with future or replacement service providers relating to the administration of my benefits, and as otherwise provided in the 3sHealth Privacy Policy (available online at www.3sHealth.ca). I further consent to 3sHealth using my personal information in other 3sHealth systems, where required for the administration or payment of my benefits.

By signing this beneficiary designation form, I agree that the information provided is complete and accurate. I appoint the beneficiaries above to receive the Group Life Insurance proceeds when I die. I understand that the beneficiaries named on this form replace all previous beneficiary declarations for my Group Life Insurance. I may change my beneficiary(ies) at any time upon written notice to 3sHealth.

Designating a Beneficiary - Frequently Asked Questions

One of the most important rights that an insured person has in a life insurance policy is the right to designate the beneficiary.

What is a beneficiary?

A beneficiary is the party or parties who will receive the policy proceeds from your 3sHealth Group Life Insurance coverage upon your passing. There are two kinds of beneficiaries:

1. *Primary Beneficiary* – is the person(s) who will receive the policy proceeds when you pass away.
2. *Contingent Beneficiary* – is the person(s) who will receive the proceeds if your Primary beneficiary passes away before you do.

Who may I name as my Primary or Contingent beneficiary?

You may name any person as your beneficiary such as your spouse, parent, etc. You may designate more than one beneficiary. You may also name a legal entity as your beneficiary such as your estate or a charitable organization. If you choose to name a charitable organization as a beneficiary, the full legal name and address of the charitable organization is required.

May I name my child(ren) as my beneficiary?

Yes, you may name your child(ren) as your beneficiary. If you name a minor child or children under the age of 18 as a Primary or Contingent beneficiary, you must appoint a Trustee. Upon your death, the Trustee will receive the policy proceeds and has a legal duty to use those proceeds for the benefit of the beneficiary. You will want to appoint someone who is capable of managing the policy proceeds wisely.

If you do not appoint a trustee, payment will go to the Public Trustee in the child's province of residence or to a court appointed property guardian.

How will the policy proceeds be divided if I designate more than one beneficiary?

When you designate your beneficiaries, you may indicate the portion (percentage) of the policy proceeds you would like to give to each of the named parties. The percentage of allocation must be a combined total of 100%. If you do not detail a percentage of the benefit for each party, the policy proceeds will be divided equally among all of your named primary beneficiaries, or your contingent beneficiaries in the event that your primary beneficiaries have predeceased you.

What if I have not named a beneficiary?

If you do not name a beneficiary, or your beneficiaries are not living at the time of your death, the proceeds will be paid to your estate.

Is it easier to leave the policy proceeds to my estate and have it dealt with in my will?

No, settling an estate can take from weeks to sometimes years, and it can be very costly. During the time it takes to settle your estate, the money within your estate is inaccessible. Designating a beneficiary is like taking a shortcut. Upon your death, the insurance carrier will pay the policy proceeds from your 3sHealth Group Life Insurance benefit directly to your named beneficiaries. It is a quick way of getting the money to your loved ones.

In addition, if you leave the policy proceeds from your 3sHealth Group Life Insurance benefits to a beneficiary, the money becomes his/her property and is safe from creditors, in case you should die while owing money. If the policy proceeds are left to your estate, the money could be made available to your creditors.

Do I have to tell my beneficiaries I have named them?

No, your beneficiaries do not have to know that they have been named. But, after your death, 3sHealth must be able to find your beneficiaries in order to make the benefit payment. In order to avoid complications or unnecessary delays you should keep up-to-date address information for your beneficiaries in your personal file.

What if I belong to the 3sHealth Group Life Insurance Plan with more than one employer?

The beneficiary designation form that you complete will apply to your group life insurance with all employers who participate in the 3sHealth Employee Benefit Plans.

How can I find out who my beneficiary is?

Upon your request, 3sHealth Employee Benefits can confirm your beneficiary designation. Please call 1.866.278.2301 to speak with a 3sHealth Benefit Services Officer. In addition, each year you will receive a Member's Annual Statement that lists your current beneficiaries.