

Please print clearly and complete this form, in INK.

**AHS:** The original completed form should be returned to: Alberta Health Services  
HR Shared Services - Benefits  
5th Floor, IBM Building  
10044-108 Street  
Edmonton AB T5J 3S7

This form assigns beneficiaries for all Basic and Optional Life insurance and all Accidental Death and Dismemberment Insurance Plans.

**1. General Enrollment Information**

Plan sponsor: HEALTH BENEFIT TRUST OF ALBERTA

Plan member name: \_\_\_\_\_  
last name first name middle initial

Employee Number: \_\_\_\_\_

**2. Beneficiary Designation**

This section is to be completed by the plan member.

This section must be completed to designate a beneficiary for your Life and AD&D benefits.

**The original form will be required for a Life or AD&D claim.**

**Please print clearly, in INK.**

If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies).

Primary Beneficiary's name(s):	Percent allocated:	Relationship to plan member:
last name first name middle initial	_____	_____
last name first name middle initial	_____	_____
last name first name middle initial	_____	_____

To be divided as follows:  As per the percentage indicated above, or  In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life.

**Contingent Beneficiary Designation**

**Complete this section should you wish to designate a contingent beneficiary.** A contingent beneficiary, if living, will receive the life proceeds, if there are no surviving primary beneficiaries. If there are no surviving primary or contingent beneficiaries, all life proceeds will be paid to the estate.

I hereby revocably designate the following beneficiary(ies):

Name _____	Relationship to employee _____	Percent allocated _____
Name _____	Relationship to employee _____	Percent allocated _____
Name _____	Relationship to employee _____	Percent allocated _____
Name _____	Relationship to employee _____	Percent allocated _____
Name _____	Relationship to employee _____	Percent allocated _____

**3. Trustee Appointment**

If designating a beneficiary who is a minor or who lacks legal capacity, you may wish to appoint a trustee/administrator by completing this section.

**Please print clearly, in INK.**

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing this section. This appointment may not be suitable for all purposes.

If you are designating a trustee/administrator, we recommend you consult with a legal advisor, and with any proposed trustee/administrator.

**Do not complete this section if you have made another trustee/administrator 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 The Great-West Life Assurance Company and Industrial Alliance Insurance and Financial Services Inc. 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.

Trustee last name first name middle initial Relationship to plan member

#### 4. Privacy

This section explains Great-West Life's commitment to privacy.

#### Protecting Your Personal Information

At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

This section explains **Industrial Alliance's** commitment to privacy.

At **Industrial Alliance Insurance and Financial Services Inc. (Industrial Alliance)**, 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 Industrial Alliance or the offices of an organization authorized by Industrial Alliance. We limit access to personal information in your file to Industrial Alliance staff or persons authorized by Industrial Alliance 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 determine your eligibility for coverage and to administer the group benefits plan.

#### 5. Authorizations and Declarations

This section must be signed and dated in INK by the plan member.

I have read and understand and agree with the contents of the section entitled "Protecting Your Personal Information".

I authorize:

- Great-West Life, Industrial Alliance, any healthcare provider, my plan administrator, any insurance or reinsurance company, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life, or Industrial Alliance or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_