

PROVINCE OF NOVA SCOTIA - OPTIONAL GROUP LIFE INSURANCE APPLICATION FORM

The Optional Life Insurance coverage is in addition to your Basic Life insurance coverage.

This coverage is not mandatory and is paid 100% by the employee through payroll deductions.

For applicable costs - refer to MyHR (My Benefits Tab) or Public Service Commission, Benefits Resources page at:

<https://beta.novascotia.ca/government-employee-benefits-forms-and-documents>

Please complete and return this application to:

MAIL: Benefits Unit, Public Service Commission P.O. Box 943, Halifax, NS B3J 2V9

FAX: 902-424-0756

EMAIL: pscbenefitinquiries@novascotia.ca

EMPLOYEE DETAILS

Employee Name (Last, First)	Employer/Department	Employee Payroll ID#
Employee Email Address:	Employee Phone #:	Employee Date of Birth: DD/MM/YYYY

EMPLOYEE OPTIONAL LIFE INSURANCE

Check only one of the following options*:	
<input type="checkbox"/>	I want Optional Life coverage equal to One Times Annual Salary (coverage for Seasonal employees and Term/Permanent Relief employees is equal to One Times Basic Life Insurance coverage)
<input type="checkbox"/>	I want Optional Life coverage equal to Two Times Annual Salary (coverage for Seasonal employees and Term/Permanent Relief employees is equal to Two Times Basic Life Insurance coverage)

*For New Employees or Employees applying within 60 days of their eligibility date, coverage is automatically approved as of the date of eligibility. For late applicants all amounts require approval. The Benefits Unit will send a Health Statement for you to complete and send directly to Sun Life Financial. Any coverage requiring approval by Sun Life Financial will become effective on the date of confirmed approval from Sun Life. Employees must be actively at work for coverage to become effective.

SPOUSE OPTIONAL LIFE INSURANCE

Yes, I want Spouse Optional Life insurance in the following amount*: \$ _____
Select in units of \$10,000 to maximum \$250,000*

*For New Employees or Employees acquiring an eligible spouse at a later date, \$50,000 is evidence-free if they apply within 60 days of the eligibility date. For late applicants, all amounts require approval. The Benefits Unit will send a Health Statement for you to complete and send directly to Sun Life Financial. Any coverage requiring approval by Sun Life Financial will become effective on the date of confirmed approval from Sun Life. If a dependent spouse is hospitalized on the date the coverage would otherwise become effective, such coverage will not begin before the spouse is discharged and resumes normal activities.

Spouse Details (Last Name, First Name):	Marital Status:	Spouse Date of Birth : DD/MM/YYYY
	If Common Law - Cohabitation Date: DD/MM/YYYY	Spouse Gender: Male/Female

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CHILD OPTIONAL LIFE INSURANCE

Yes, I want Child Optional Life Insurance in the following amount for my eligible dependents*:

\$ _____ Select in units of \$5,000 to maximum \$50,000*

*For New Employees or Employees acquiring an eligible child at a later date, \$50,000 is evidence-free if they apply within 60 days of the eligibility date. For late applicants all coverage requires approval. The Benefits Unit will send a Health Statement for you to complete and send directly to Sun Life Financial. Any coverage requiring approval by Sun Life Financial will become effective on the date of confirmed approval from Sun Life.

*If a dependent child (other than newborn) is hospitalized on the date the coverage would otherwise become effective, such coverage will not begin before the child is discharged and resumes normal activities.

*for grandchildren proof of financial dependence is required prior to signing up for this benefit. If you intend to ensure a grandchild, please contact the Benefits Unit.

*For coverage disabled dependents, please also contact the Benefits Unit for more information.

The Benefits Unit does not maintain records of covered children you are insuring for life insurance. Be sure to read details on our Optional Life insurance plans and eligible dependents located at: <https://beta.novascotia.ca/documents/benefits-government-employees>

If you are not actively at work on the date your application is received, your coverage for employee, spouse and child life insurance will begin on the day you return to work. Employees who apply for this coverage after 60 days of becoming eligible, must provide a Health Statement, and approval by Sun Life Financial is required for all amounts of insurance.

I am authorized to disclose information about my spouse and dependents in order to enroll them in the plan. By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada and its reinsurers to collect, use and disclose relevant information about me, my spouse or child(ren) to underwrite, administer, adjudicate claims and make claims payments
- My plan sponsor (The Province of Nova Scotia) to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required
- Sun Life Assurance Company of Canada and my plan sponsor (The Province of Nova Scotia) to collect, use and disclose information about me, my spouse and dependent child(ren) as necessary for enrolment and for the purposes of continuing administration of the plan

I understand that satisfactory proof of good health may be required for myself, my spouse or child(ren) to become covered or to increase coverage.

I understand that it is my responsibility to ensure that I advise when my dependents no longer meet the definitions of spouse or child as outlined in the contract and that premiums will continue to be deducted from my biweekly pay until I notify the Benefits Unit, Public Service Commission to terminate the coverage.

I declare that the information above is accurate and true. Inaccurate information may invalidate any claim made under the coverage contracted for.

A photocopy or electronic version of this authorization is valid as the original.

Employee Signature

Date

DD/MMM/YYYY

FOR PNS OFFICE USE ONLY:

Effective Date Of Approved Coverage		Pending Underwriting Approval for Amounts:	
Coverage Entered – Employee Opt. Life	\$	Employee Opt. Life	\$
Coverage Entered – Spouse Opt. Life	\$	Spouse Opt. Life	\$
Coverage Entered – Child Opt. Life	\$	Child Opt. Life	\$