



Basic Group Life Insurance APPLICATION FOR GROUP COVERAGE

University of Victoria, Pacific Blue Cross Policy 40703

Section 1: Applicant information

Applicant's Name (last name, first name, middle initials)	V#:	Date of Birth (dd-mmm-yyyy)
Family status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Province of residence

Section 2: Beneficiary designation

	Last name	First name	Middle initial	Date of birth (dd-mmm-yyyy)	Relationship to plan member	Percentage allocated*
1						
2						
3						

*Percentage column should add up to 100%; otherwise leave column blank and check this box to apply equal shares to survivor(s): ☐

Section 3: Trustee appointment

Please assign a trustee / administrator if designating a beneficiary who is a minor or who lacks legal capacity. We recommend you consult with a legal advisor, and with any proposed trustee / administrator prior to completing this section. **Do not complete this section if you have an existing or alternate trustee / administrator designated for your minor beneficiary.**

Trustee last name	Trustee first name	Trustee middle initial	Trustee relationship to plan member

Section 4: Authorization

Premiums are cost-shared with the University for some Employee Groups. For current rates, check the uvic.ca/hr website.

Employee signature	Date (dd-mmm-yyyy)

Please return this signed application form to benefits@uvic.ca