

Supplementary Life Insurance and Optional Upgrade Package Change Form

Public Service Pension Plan (PSPP)

Complete this form if you are a retired member or a survivor, and you wish to change or terminate your Supplementary Life Insurance coverage or terminate your Optional Upgrade Package coverage with The Canada Life Assurance Company. **Complete only the sections you need.** For all other changes to your insured benefits coverage, please read the information on page 2.

OPB client number

Client information

Client last name (print)	Client first name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>

Supplementary Life Insurance (SLI) - terminate or decrease your coverage

Option A: Terminate coverage

Important: You can elect to terminate coverage at any time; however, a decision to terminate SLI coverage is irrevocable. Check below to confirm your termination.

- ☐ **Terminate my Supplementary Life Insurance coverage.**
I understand that my decision to terminate SLI coverage is irrevocable.

Option B: Decrease coverage

Important: You can choose to **decrease**, but not increase your existing coverage.

- | | |
|---|---|
| My current coverage: | Decrease my coverage: |
| <input type="checkbox"/> 1 times coverage | <input type="checkbox"/> Decrease to 1 times coverage |
| <input type="checkbox"/> 2 times coverage | <input type="checkbox"/> Decrease to 2 times coverage |
| <input type="checkbox"/> 3 times coverage | |

Sign and date to authorize your changes

<hr/>	Date signed (YYYYMMDD)
Retiree signature	<input type="text"/>

Optional Upgrade Package (OUP) - terminate your coverage

Important: You can elect to terminate coverage at any time; however, a decision to terminate OUP coverage is irrevocable. This election will be effective the month following the month that we receive this form. Check below to confirm your termination.

- ☐ **Terminate my Optional Upgrade Package coverage.**
I understand that my decision to terminate OUP coverage is irrevocable.

Sign and date to authorize your changes

<hr/>	Date signed (YYYYMMDD)
Retiree/survivor signature	<input type="text"/>



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For all other changes to your coverage

The following forms are available on our website at OPB.ca:

- To apply for insured benefits coverage, name life insurance beneficiaries and to confirm your dependant information, complete an **OPB 1122 - Post-Retirement Insured Benefits Application Form**.
- To make changes to your personal information, change between Single and Family coverage, or switch insured benefits plans, complete an **OPB 1004 - Retired Member Information Change Form**.
- To change your beneficiaries for Basic Life Insurance (BLI) and Supplementary Life Insurance (SLI), complete an **OPB 1060 - Designating Life Insurance Beneficiaries Form**.

The personal information collected on this form will be used only to administer post-retirement insured benefits. It is required by the Government of Ontario, OPB, and Canada Life in order to ensure your eligibility for the benefits, that the payment of claims is correct, to respond to your questions, and for audit purposes. Access to your file is limited to the staff of the Government of Ontario, OPB, and Canada Life or persons authorized by them who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. For more information or if you have any questions, contact OPB's Client Care Centre or OPB's Privacy Officer at:

Telephone 416-364-5035 or **toll-free** 1-800-668-6203 (Canada & USA) | **Fax:** 416-364-7578 | **OPB.ca**