

DEPENDENT INFORMATION: SPOUSAL / CHILD OPTIONAL LIFE INSURANCE ACCIDENTAL DEATH AND DISMEMBERMENT

Member Name (Surname, First Name)			
Name of School Board			
Policy Number(s)	49731	OPC #	Employee ID
Spousal Information (for Spousal Optional Term Life Insurance and/or Term Accidental Death and Dismemberment {family} coverage)			
Surname	First Name	Initial	
Birth date (YYYY/MM/DD)	Gender Identity:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	
Dependent Information (for Child Optional Term Life Insurance and/or Term Accidental Death and Dismemberment {family coverage})			
Dependent Name (Surname, First Name)	Date of Birth (YYYY/MM/DD)	Gender Identity:	
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	
_____	_____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Prefer to specify _____	

Member Signature: _____ Date: _____

Please return completed form via:
Fax: 1-866-445-9249 or Email: opcbenefits@principals.ca

For Internal Use Only
Effective Date: _____