

## **Request to Reduce/Terminate Optional Insurance Coverage**

Name of School Board			
Policy Number(s) 175361	OPC #	Employee ID	)
Acci	dental Death ar	nd Dismemberment	Coverage
Check CURRENT coverage type: Check CURRENT coverage amount	Family	□ Member □ \$125,000 □ \$100,000 □ \$75,000	□ \$50,000 □ \$25,000
Select NEW coverage type: Select new coverage amount:	<ul> <li>□ Family</li> <li>□ \$200,000</li> <li>□ \$175,000</li> <li>□ \$150,000</li> </ul>	□ Member □ \$125,000 □ \$100,000 □ \$75,000	<ul> <li>\$50,000</li> <li>\$25,000</li> <li>No change to existing coverage</li> <li>Terminate current coverage</li> </ul>
	Option	al Life Insurance	
Check CURRENT coverage amount	: □ \$200,000 □ \$150,000 □ \$100,000	□ \$50,000 □ \$25,000	
Select NEW coverage amount:	□ \$200,000 □ \$150,000 □ \$100,000	<ul> <li>□ \$50,000</li> <li>□ \$25,000</li> <li>□ No change to existir</li> <li>□ Terminate current c</li> </ul>	
	Spousal Op	otional Life Insurance	е
Check CURRENT coverage amount	: □ \$200,000 □ \$150,000 □ \$100,000	□ \$50,000 □ \$25,000	
Select NEW coverage amount:	□ \$200,000 □ \$150,000 □ \$100,000	<ul> <li>□ \$50,000</li> <li>□ \$25,000</li> <li>□ No change to existir</li> <li>□ Terminate current c</li> </ul>	
	Child Opt	ional Life Insurance	
Check CURRENT coverage amount	: □ \$20,000 □ \$15,000 □ \$10,000	□ \$5,000	
Select NEW coverage amount:	□ \$20,000 □ \$15,000 □ \$10,000	<ul> <li>\$5,000</li> <li>No change to existir</li> <li>Terminate current c</li> </ul>	
		ember Signature:	

Please return completed form to: OPC Benefits 2700-20 Queen St. W. PO Box 7 Toronto, ON, M5H 3R3