

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:	 □ Family □ \$200,000 □ \$175,000 □ \$150,000 	□ Member □ \$125,000 □ \$100,000 □ \$75,000	 \$50,000 \$25,000 No change to existing coverage Terminate current coverage
	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	 □ \$50,000 □ \$25,000 □ No change to existir □ Terminate current c 	
	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	 □ \$50,000 □ \$25,000 □ No change to existir □ Terminate current c 	
	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	 \$5,000 No change to existir Terminate current c 	
		ember Signature:	

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