NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑯᓇᓗᑦᑯᑯ ᐃᑲᔪᓯᐊᖅᑖᕈᑎᒋᕙᖅᑕᖅᑭᓐᓄᑦ ᐱᔾᔪᕋᖅᑏᑦ

5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

DECLARATION OF BENEFICIARY GROUP INSURANCE

NAMING A BENEFICIARY HELPS TO ENSURE YOUR BENEFITS ARE PAID AS YOU WISH UPON YOUR DEATH. NORTHERN EMPLOYEE BENEFITS SERVICES (NEBS) IS COMMITTED TO PROTECTING THE PRIVACY, CONFIDENTIALITY, ACCURACY AND SECURITY OF THE PERSONAL INFORMATION THAT IT COLLECTS, USES, RETAINS AND DISCLOSES IN THE COURSE OF CONDUCTING BUSINESS.

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

Employer Name: _____

Employee Last Name: _____ Employee First Name: _____

Social Insurance Number: _____ Date of Birth: dd / mm / yyyy

Employee Mailing Address: _____

PRIMARY BENEFICIARY (IES)

I, _____ revoke all previous designations and declare that all benefits payable under the indicated plan above after my death shall be paid to the following:

Benefits to be divided as follows (please check one): ☐ **As indicated below, OR** ☐ **In equal shares to the survivor(s)**

Beneficiary Name: Last Name, First Name % Allocated: _____

Relationship: _____ Date of Birth: dd / mm / yyyy

Mailing Address: _____

Email Address: _____ Phone Number: _____

Beneficiary Name: Last Name, First Name % Allocated: _____

Relationship: _____ Date of Birth: dd / mm / yyyy

Mailing Address: _____

Email Address: _____ Phone Number: _____

Beneficiary Name: Last Name, First Name % Allocated: _____

Relationship: _____ Date of Birth: dd / mm / yyyy

Mailing Address: _____

Email Address: _____ Phone Number: _____

Total Allocation (Must Equal 100%): ☐

If additional space is required, submit a second copy of the form with the remaining beneficiaries.
If you do not name a beneficiary, your “estate” will be the beneficiary.

NORTHERN EMPLOYEE BENEFITS SERVICES
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ᐃᑲᔪᓯᐊᖅᑖᕈᑎᒋᕙᖅᑕᖅᑭᓐᓄᑦ ᐱᔨᓯᕋᖅᑏᑦ
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CONTINGENT BENEFICIARY (IES)

A contingent beneficiary is applicable if the primary beneficiary predeceases the Plan Member.

Benefits to be divided as follows (please check one): ☐ **As indicated below, OR** ☐ **In equal shares to the survivor(s)**

Beneficiary Name: Last Name, First Name % Allocated: _____
Relationship: _____ Date of Birth: dd / mm / yyyy
Mailing Address: _____
Email Address: _____ Phone Number: _____

Beneficiary Name: Last Name, First Name % Allocated: _____
Relationship: _____ Date of Birth: dd / mm / yyyy
Mailing Address: _____
Email Address: _____ Phone Number: _____

Beneficiary Name: Last Name, First Name % Allocated: _____
Relationship: _____ Date of Birth: dd / mm / yyyy
Mailing Address: _____
Email Address: _____ Phone Number: _____

Total Allocation (Must Equal 100%): ☐

If additional space is required, submit a second copy of the form with the remaining beneficiaries.
If you do not name a beneficiary, your "estate" will be the beneficiary.

AUTHORIZATION

Employee Name (Print) _____ Employee Signature _____ Date _____

Witness Name (Print) – Cannot be a beneficiary _____ Witness Signature _____