

PLAN ADMINISTRATOR STATEMENT

I Administrative information <i>(please print)</i>			
Policyholder name	Policy no.	Division no.	Certificate no.
Participant surname	Given name(s)	Initial	Date of birth (YYYY/MM/DD)

PARTICIPANT STATEMENT

II Request for continuation or suspension of group insurance benefits during maternity, parental or compassionate leave		
Request for the period:	Start date (YYYY/MM/DD)	End date (YYYY/MM/DD)
Please complete and sign the applicable section:		
<input type="checkbox"/> Continuation of all plan benefits I, the undersigned, request that the group insurance benefits provided by my employer be continued throughout the above-mentioned period.		
Participant signature	Date (YYYY/MM/DD)	
<input type="checkbox"/> Suspension of all plan benefits I, the undersigned, request that the group insurance benefits provided by my employer be suspended ¹ throughout the above-mentioned period. I hereby waive any claim payable under such benefits.		
¹ Pursuant to An Act respecting prescription drug insurance, Québec residents must provide medical coverage for themselves and their dependents unless this coverage is provided under the spouse's group insurance plan.		
Participant signature	Date (YYYY/MM/DD)	
<input type="checkbox"/> Suspension of optional plan benefits Please specify benefits to be suspended: _____ I, the undersigned, request that the optional group insurance benefits provided by my employer be suspended throughout the above-mentioned period. I hereby waive any claim payable under such benefits.		
I understand that satisfactory evidence of insurability will be required by Standard Life for the reinstatement of such benefits.		
Participant signature	Date (YYYY/MM/DD)	

III Waiver of beneficiary rights <i>(A beneficiary who has not attained the age of majority cannot waive beneficiary rights.)</i>		
Beneficiary surname	Given name(s)	Relationship to participant
I, the undersigned, hereby waive all rights and interest conferred to me under the certificate of the participant mentioned in Section I.		
Signature of beneficiary to be revoked	Date (YYYY/MM/DD)	
Witness <i>(The witness to a waiver of beneficiary rights must be a person other than the participant and must be of majority age.)</i>		
Surname	Given name(s)	
Main residence address (no., street)	Apt.	
City	Province of residence	Postal code
Witness signature	Date (YYYY/MM/DD)	