

**PROVINCE OF NOVA SCOTIA**

**EMPLOYEES OPTIONAL GROUP LIFE INSURANCE APPLICATION FORM**

The Optional Life Insurance coverage is in addition to your Basic Life insurance coverage. This coverage is not mandatory, and is paid 100% by the employee through a payroll deduction.

Please complete and return this application to NS Public Service Commission, Benefits, 5<sup>th</sup> floor WTCC, 1800 Argyle St. Halifax, NS B3J 3N8.

<b>Employee Name (last name, first name)</b>	<b>Date of Birth (D/M/Y)</b>	<b>Department</b>	<b>Employee SAP ID#</b>

<b>Check only one of the following options:</b>	
<input type="checkbox"/>	I want Optional Life coverage equal to <b>One Times Annual Salary</b> (coverage for Seasonal employees and Term/Permanent Relief employees is equal to One Times Basic Life coverage)
<input type="checkbox"/>	I want Optional Life coverage equal to <b>Two Times Annual Salary</b> (coverage for Seasonal employees and Term/Permanent Relief employees is equal to Two Times Basic Life coverage)
<input type="checkbox"/>	I <b>do not want to purchase</b> Optional Life insurance coverage

<b>The cost of the Optional Life insurance is based on the age of the employee.</b>	
<b>AGE</b>	<b>Bi-weekly cost (cents per \$1,000 of coverage)</b>
Under 40	2.4
40-44	3.3
45-49	6.2
50-54	9.5
55-59	16.6
60-64	27.6

**Your coverage is automatically approved if this form is received within 60 days of your hire date provided you are actively at work at the time your application is received. If you are not actively at work on the date your application is received, your coverage will begin on the day you return to work.**

**Employees who apply for this coverage after 60 days of becoming eligible, must provide medical evidence and approval by the insurer.**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY:**

Date of Hire: \_\_\_\_\_

Data entered in Payroll system by: \_\_\_\_\_