



Once completed, this is a confidential form and is to be returned by e-mail or mail. **Current Employees can return this form to HRBenefits@cbe.ab.ca. New Hires should return this form directly to the onboarding Recruiter.** If mailing, send to Calgary Board of Education, Recruitment & Staffing Support 3rd Floor, 1221 – 8th Street SW, Calgary AB, T2R 0L4

First Name: _____ Last Name: _____

SIN: _____ Date of Birth: _____ Gender: ☐ M ☐ F
(DD/MM/YYYY)

Address: _____

City: _____ Postal Code: _____ Phone: _____

Beneficiaries - Life Insurance (Including AD&D) (The Beneficiary Section must be completed)

A beneficiary is an individual, institution, trust, or charity designated by the plan member to receive any life insurance benefits payable upon the plan member's death. Because life insurance benefits are only payable after the plan member's death, the plan member cannot be named as the beneficiary of their own life insurance coverage. The plan member may name multiple beneficiaries and specify how the benefit will be divided among them. Use the back of this form to indicate more than three beneficiaries or to list contingent beneficiaries.

Primary Beneficiaries:

First Name and Last Name

Relationship:

Percentage (whole numbers):

Total must be equal to 100%

1. _____
2. _____
3. _____

For designated beneficiaries who are minors, I wish to appoint: _____ as Trustee to receive any amount due for any beneficiary considered a minor under the provincial jurisdiction of residence.

Dependents - Extended Health and Dental (if applicable)

Complete the following section ONLY if you require family coverage. Leave blank if choosing single coverage.

Dependent Child Definition: A natural, adopted, stepchild, or legal ward of the member or the member's spouse who is financially dependent on the member, unmarried, and under age 21, or under age 25 if attending an accredited educational institution full-time.

Check this box if you have more than 2 child dependents. Please write out their information on the back of this form

First Name, Initial and Last Name:	Gender:	Date of Birth: (DD/MM/YYYY)	Overage Dependent:
Spouse:	☐ M ☐ F		☐ Disabled ☐ Student
Child:	☐ M ☐ F		☐ Disabled ☐ Student
Child:	☐ M ☐ F		☐ Disabled ☐ Student

If you are adding a new dependent spouse, please provide the date of your marriage or the date you began cohabiting: _____

I certify that all information contained herein is correct and hereby confirm the beneficiary designation.

Employee Signature: _____ Date: _____

The Calgary Board of Education (CBE) collects the personal information requested on this form under the authority of section 4(c) of the Alberta *Protection of Privacy Act*. This information will be used for the management of personnel and for the delivery of Human Resources programs at the CBE. The personal information may be inputted into automated systems. If you have any questions about the collection and storage of personal information, please contact the Employee Contact Centre at 403-817-7333 and a representative will help you.