SPECIAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE – POLICY SUMMARY AND BENEFICIARY FORM

The Government of Alberta (the Policyholder) provides Accidental Death and Dismemberment Insurance, at no charge, for all hourly wage employees and those employees on the bi-weekly salary system who are not participating in the Employer's Group Life Insurance Plans.

Coverage is in force while employees are performing the duties of their job including travelling on Government business. A benefit is payable in the event an accident, occurring while the employee is performing assigned duties for the Employer including while travelling on Government business, causes the employee's death, dismemberment or loss of use of bodily limbs.

The amount of benefit is based on a principal sum equal to four times the injured employees annualized rate of pay subject to a specified maximum.

Coverage is not in force in case of:

(1) suicide or any attempt there at while sane or insane;
(2) intentionally self-inflicted injury;
(3) piloting an aircraft unless endorsed to the policy;
(4) commission of a crime by the insured person.

This is a brief summary of the principle features of the policy. The policy of insurance (policy #119-1650) is the governing document.

Eligible persons or employees not covered under the policy summarized above or the Government Employee's Group Life Insurance Plans are covered by a separate Accidental Death and Dismemberment Policy.

Accidental Death & Dismemberment
Appointment / Change of Beneficiary

Please print in ink

Please Tell Us About Yourself

Policy No.	Name of Employer / Policyholder
119 - 1650	Government of Alberta

Certificate No.	Employee's / Insured's Last Name	Given Name	Initials

Name Your Beneficiary

I hereby appoint the following beneficiary under the said policy.

Beneficiary Last Name	Given name	Relationship to Employee / Insured

Note: If more space is needed, please attach a separate piece of paper, dated and signed.

If you are naming a beneficiary who is under the age of 18, you should name a Trustee to receive the monies in trust for the beneficiary.

Name of Trustee for any Minor beneficiary: _____

To the extent permitted by law, I reserve the right to alter or revoke the beneficiary designation. The beneficiary designation stated on this form will supercede all prior dated designations for this benefit under this policy.

Quebec Residents: If you designate your spouse as your beneficiary, this designation is irrevocable unless you check this box. ❑ **Revocable**

Signature of Employee/Insured _____ Date Signed *(dd/mmm/yyyy)* _____

THIS FORM TO BE RETAINED BY THE EMPLOYER/POLICYHOLDER

FORM 4082 (MAR/2008)

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