

VOLUNTARY AD&D Continued – Authorization & Trustee Appointment

Employee Name _____

Authorizations and Declarations - *This section must be initialed in INK by the employee.*

I authorize:

- MEBP, my group insurance carriers, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with MEBP to exchange personal information, when necessary to administer the plan.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

Initial by Employee

Before using this form, you should satisfy yourself that it will carry out your intentions as the Municipal Employees Benefits Program does not assume any responsibility for the validity or effect of the completed form.

Trustee Appointment - *You may wish to appoint a Trustee/Administrator by completing this section. The original of this form will be required for a life claim.*

If designating a beneficiary who is a minor or who lacks legal capacity you are asked to appoint a Trustee/Administrator by completing this form. The legal guardian of the child is not necessarily the Trustee of the 'funds' for the minor. This appointment may not be suitable for all purposes.

If you are designating a Trustee/Administrator, we recommend you consult with a legal advisor, and with any proposed Trustee/Administrator.

Do not complete this section if you have made another trustee/administrator appointment.

I hereby appoint the following Trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release MEBP and their insurance carriers from further liability. The Trustee shall act prudently and may use the money, including any returns on it or investments made, for the education and/or maintenance of the beneficiary. The Trust will terminate once the beneficiary is of the age of majority and has legal capacity. At that time, the Trustee shall deliver to the beneficiary all assets held in trust.

PLEASE PRINT

Trustee Last Name _____ First Name _____ Middle Initial _____ Relationship to Plan Member _____

Trustee's Current Address: _____

Trustee's Current Phone No. _____

EMPLOYEE SIGNATURE _____ **Date** _____

Privacy – *This section explains MEBP's commitment to privacy.*

Protecting Your Personal Information

At the Municipal Employees Benefits Program (MEBP), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of MEBP or the offices of an organization authorized by MEBP. We limit access to personal information in your file to MEBP staff or persons authorized by MEBP who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to administer the benefits plan.

Original to MEBP office

Copy to Employee

Copy to Employer

Municipal Employees Benefits Program

PO Box 764

Winnipeg MB R3C 2L4

Toll Free 1-800-432-1908 or (204) 926-7979