



**GROUP INSURANCE FOR THE EMPLOYEES OF CONCORDIA UNIVERSITY**

**BENEFICIARY DESIGNATION**

I, the undersigned \_\_\_\_\_ S.I.N. OR EMPLOYEE NUMBER \_\_\_\_\_, hereby revoke any and every previous beneficiary designation with respect to benefits payable in the event of my death under the Group Insurance Plans of Concordia University and designate as beneficiary of all said benefits:

Name \_\_\_\_\_  
(Last Name) (First Name) (Relationship)

Address \_\_\_\_\_

A beneficiary designation is revocable in all provinces except Québec in the case of a legally married spouse. For Québec residents, when the beneficiary is your legally married spouse, initial the following box if you wish the designation to be revocable.

In the event my designated beneficiary predeceases me, the said benefits shall be payable to my estate, unless I designate another beneficiary.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month / day / year

Signature: \_\_\_\_\_

I authorize Concordia University to use my Social Insurance Number for the purpose of benefit administration.