Civic and Police Employees Group Life Insurance Plans

Notice of Change Form

MEMBER INFORMATION

Last Name | **First Name** | **Date of Birth** (mmm/dd/yyyy)

Phone Number | **Email**

RETIREE: Please complete the appropriate section(s) below and return to the City of Winnipeg.

1 - CHANGE OF MAILING ADDRESS

Effective Date | **Email Address**

Address (Street/Box Number)

City / Town | **Province** | **Postal Code**

2 – CHANGE OF NAME (IF DUE TO MARRIAGE OR DIVORCE)

Effective Date | **From** | **To**

3 – CANCELLATION OF COVERAGE

☐	I hereby elect to cancel my Retiree Group Life coverage. Coverage and contributions will cease as of the end of the bi-weekly pay period in which the form is received by Total Compensation & Benefits at the City of Winnipeg.

AUTHORIZATION

I certify the above information is true and correct. I understand it is my responsibility to notify the Civic and Police Employees Group Life Insurance Plans of any change.

I agree that a photocopy or electronic copy of this Notice of Change form is as valid as the original. I certify that the information given is true, correct, and complete to the best of my knowledge.

Member Signature | **Date** (month/day/year)

HOW TO SUBMIT THIS FORM

Mail: Attention: Total Compensation & Benefits 6th Floor – 510 Main Street Winnipeg, MB R3B 1B9	**In Person:** 510 Main Street – Susan A. Thompson Winnipeg, MB	**Email:** EmployeeBenefits@winnipeg.ca