

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFICIARY DESIGNATION

Please complete and return this form to your Plan Administrator. See reverse for instructions.

EMPLOYEE PERSONAL INFORMATION

POLICYHOLDER: Doctors of BC POLICY NO.: _____

MEMBER NAME: Mr. / Mrs. / Ms. / Miss _____
(First) (Middle) (Last)

MEMBER ID NO.: _____

SECTION 2 - LOSS OF LIFE PRIMARY BENEFICIARY DESIGNATION (All other losses are payable to the Member)

Name (first, middle, last)	Address	Relationship to Member	% Share

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor:

SECTION 3 - LOSS OF LIFE CONTINGENT BENEFICIARY DESIGNATION (All other losses are payable to the Member)

Name (first, middle, last)	Address	Relationship to Member	% Share

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor:

SECTION 4 - AUTHORIZATION AND SIGNATURE

SIGNATURE OF MEMBER: _____

Signature: _____ Date: (day/month/year) _____

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY DESIGNATION FORM - AD&D

NOTE: If you make any corrections or deletions on the form, you must initial each change. You must not use correction tape or fluid (white-out) on the form, otherwise the form will be invalid.

Section 1 - Personal Information

Please PRINT your full name, Member I.D. number and Policy Number.

Section 2 - Loss of Life Primary Beneficiary Designation

It is important that you designate a beneficiary for the Loss of Life benefit under the Accidental Death and Dismemberment insurance. Your designated beneficiary is the person who you choose to receive the life benefit amount if you die accidentally. Failure to designate a beneficiary will result in any life claim being paid to your Estate. (Payment for all losses under the "dismemberment" portion of this policy, such as loss of limb, etc. are payable to you.)

If you designate more than one beneficiary, you must indicate the percentage of the claim to be paid to each beneficiary (the total percentage for all beneficiaries combined cannot be more than 100%).

If you designate a beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor.

Section 3 - Contingent Beneficiary Designation

You may want to designate a "contingent beneficiary" - an alternate beneficiary who you want to have the death benefit paid to in the event the beneficiaries you designated in Section 2 are not living at the time of your death. If so, please complete this section.

If you designate a contingent beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor. ":

Section 4 - Authorization and Signature

You must sign and date your form, in INK, in order for a beneficiary designation to be eligible - only signatures in ink are acceptable, in the event a claim form needs to be filed with a court.

Please send the signed completed form to:

Doctors of BC Insurance Department
115-1665 West Broadway
Vancouver, BC V6J 5A4

Retain a copy for your records. A death benefit cannot be paid out to a beneficiary unless this has been completed in accordance with the instructions above.