New Nouveau Brunswick

Employee Benefits
at a Glance

Standing Committee on Insured Benefits

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Enrolment Opportunity
Supplementary and Dependent Life

Enrolment Period
May 1 – May 31, 2017

THIS ENROLMENT OPPORTUNITY IS THE ONLY TIME DURING THE YEAR (OTHER THAN A QUALIFYING LIFE CHANGING EVENT) THAT YOU CAN REQUEST TO ADD OR CHANGE YOUR SUPPLEMENTARY AND/OR DEPENDENT LIFE INSURANCE COVERAGE.

SUPPLEMENTARY LIFE

If you did not take advantage of enrolling in the Supplementary Life program when you first became eligible, this is the time of the year when you can apply or change your amount of coverage.

You can choose up to two (2) times your annual salary. Your monthly cost for this benefit would be 12.2¢ per $1,000 of coverage.

A Statement of Health form must be completed and coverage is effective only if your Statement of Health is approved by Assumption Life.

If you are approved, you and your employer will be notified when deductions will begin. If you are denied, you will receive a letter from Assumption Life. Please allow 8-10 weeks for processing.

DEPENDENT LIFE

You can choose to add $12,000 life insurance coverage for your spouse and each eligible dependent child at this time. No Statement of Health is required and your monthly cost for this benefit would be $1.34.

Coverage would be effective June 1st and your employer should begin payroll deductions in May.

APPLYING FOR COVERAGE

You are required to follow the late application process as outlined below:

1. The attached Enrolment / Change form, must be completed as follows:
   - Provide your employee information
   - Select your choice of coverage (as applicable):
     - ✓ Supplementary Life, check the box for either 1x or 2x annual salary
     - ✓ Dependent Life
   - Name your beneficiary(ies) if applying for Supplementary Life, and
   - Date and sign the form.
2. Complete the attached Statement of Health form if you are applying for Supplementary Life coverage. Ensure that you date and sign this form.

WHERE TO SEND THE FORMS

1. You MUST send all **original** forms including the original Statement of Health (if applicable) directly to:

   VESTCOR PENSION SERVICES CORPORATION
   440 King Street
   Suite 680, 6th floor, York Tower
   Fredericton, NB E3B 5H8
2. **You MUST also send a copy** of your Enrolment / Change form to your employer/payroll. **Do not send your Statement of Health to your employer/payroll.**

YOUR FORMS MUST BE RECEIVED BY VESTCOR NO LATER THAN MAY 31, 2017.