



A division of CFMWS
Une division des SBMFC

Termination of Coverage Request

Group Policy No. 901102 & 901107



IF YOU NEED HELP IN COMPLETING THIS FORM CALL YOUR SISIP FINANCIAL INSURANCE REPRESENTATIVE 1-800-267-6681
or 1-800-565-0701 (MANULIFE)

1. MEMBER INFORMATION

Service Number (SN)	Rank	Surname	First Name	Initials
Mailing Address		Home Telephone #	FOR OFFICE USE ONLY	
PO Box, Rural Route, etc.		Work/Cellular Telephone #		
City	Province	Postal Code		

2. THIS APPLICATION IS BEING SUBMITTED TO TERMINATE COVERAGE UNDER: (CHECK ALL THAT APPLY)

A. Optional Group Term Insurance (OGTI) - Member Spouse * E. Survivor Income Benefit (SIB/DL)

B. Reserve Term Insurance Plan (RTIP) - Member Spouse * F. General Officers Insurance Plan (GOIP)

C. Coverage After Release (CAR) - Member Spouse * * Name of Spouse/Ex-Spouse Insured: _____

D. Insurance for Released Members (IRM) - Member Spouse *

G. Long Term Disability (LTD) - Voluntary only

H. Spousal Disability Plan (SDP) - Spouse Released Member Name of Spouse/Ex-Spouse Insured: _____

IMPORTANT — APPLIES TO ALL COVERAGES:

This request for coverage termination is in effect as of the date of receipt of this form by SISIP Financial or Manulife and any overpayment of premiums beyond the date of termination will be reimbursed. Any request to obtain coverage, subsequent to this termination, will require the submission of a new application. New applications will be subject to medical underwriting and may be denied based on the medical evidence of the applicant.

3. SIGNATURE

I hereby certify that I have read and accept the terms and conditions outlined in this document. I understand the possible financial ramifications as a result of the termination of coverage(s) indicated above. The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request.

Member's Signature _____ Day _____ Month _____ Year _____

_____	_____
SISIP Financial / Manulife Representative	Day _____ Month _____ Year _____

4. APPROVING AUTHORITY — SISIP FINANCIAL or MANULIFE OFFICE USE ONLY

The current life coverage in force is: CAR IRM OGTI RTIP SIB GOIP (Basic) GOIP (Optional)

MEMBER: \$ _____ SPOUSE: \$ _____

Day _____ Month _____ Year _____ SISIP Financial OR Day _____ Month _____ Year _____ Group Underwriter, Manulife

5. SISIP FINANCIAL OFFICE USE ONLY

S185 S2 S3 _____ S4 _____ S5 _____ SEB SEO _____

Allotment Advice

Pay Allotment Code	Effective Date of Allotment	Premium	Voucher #

Actioned by: _____
Day _____ Month _____ Year _____