Termination of Coverage Request

Group Policy No. 901102 & 901107

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

1. MEMBER INFORMATION

Service Number (SN) | Rank | Surname | First Name | Initials

Mailing Address | Home Telephone # ( )

PO Box, Rural Route, etc. | Work/Cellular Telephone # ( )

City | Province | Postal Code

FOR OFFICE USE ONLY

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

A. Optional Group Term Insurance (OGTI) - Member ☐ Spouse * ☐

B. Reserve Term Insurance Plan (RTIP) - Member ☐ Spouse * ☐

C. Coverage After Release (CAR) - Member ☐ Spouse * ☐

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

E. Survivor Income Benefit (SIB/DL) ☐

F. General Officers Insurance Plan (GOIP) ☐

* Name of Spouse/Ex-Spouse Insured: ____________

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 FS or Manulife Financial 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' Privacy Act* and is available to you upon request.

Member's Signature ____________ Day Month Year

SISIP FS / Manulife Financial Representative ____________ Day Month Year

4. APPROVING AUTHORITY — SISIP FS or MANULIFE FINANCIAL 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 FS | OR | Day Month Year | Group Underwriter, Manulife Financial

5. SISIP FS 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