

# ASSIGNMENT OF COVERAGE

**For One Dollar**, and for other valuable consideration, the receipt of which is hereby acknowledged, I do hereby assign and convey to \_\_\_\_\_

(Assignee's name and address in full)

all my right, title, and interest in the insurance on the life of \_\_\_\_\_

\_\_\_\_\_ under Group Policy No. \_\_\_\_\_ Division No. \_\_\_\_\_

Certificate No. \_\_\_\_\_ issued by **The Great-West Life Assurance Company**.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SIGNED, SEALED AND DELIVERED  
IN THE PRESENCE OF

\_\_\_\_\_

Witness sign here

\_\_\_\_\_

Sign here

## Plan Administrator Information

Date (Month/Day/Year)	Name of Plan Administrator (Please print)
Telephone No. ( )	Plan Administrator Signature (together with the consent in writing of the Policyholder)

## Privacy

### Protecting Your Personal Information

This section explains Great-West Life's commitment to privacy.

At **The Great-West Life Assurance Company**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

## Authorization and declarations

**This section must be signed and dated in INK by the plan member.**

I hereby apply for the changes in coverage under the group benefits plan issued by Great-West Life.

I have read and understand and agree with the contents of the section on this form entitled "Protecting Your Personal Information".

I authorize:

- my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable;
- Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

**For Quebec applicants:** I request that this form be in English.

Je demande que ce formulaire me soit remis en anglais.

**Plan member signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_