



A division of CFMWS
Une division des SBMFC

Decrease of Coverage

Group Policy #901102



1. CERTIFICATE HOLDERS INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Number (SN)	Rank	Surname	First Name	Initials
<input type="text"/>			<input type="text"/>	
Mailing Address			Home Phone #	
<input type="text"/>			<input type="text"/>	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	Prov.	Postal Code	E-mail address	

2. DECREASE OF COVERAGE

Please indicate below the coverage type and **new total amount** of life insurance required:

- | | |
|--|--|
| A. Optional Group Term Insurance (OGTI) <input type="checkbox"/> | C. Coverage After Release (CAR) <input type="checkbox"/> |
| B. Reserve Term Insurance Plan (RTIP) <input type="checkbox"/> | D. Insurance for Released Members (IRM) <input type="checkbox"/> |

Member: \$

Spouse: \$

Note that if you wish to make changes to your named beneficiary(ies) you must also complete and submit a SISIP INS 11E form - Designation/Change of Beneficiary.

3. SIGNATURE

Declaration and Authorization by Applicant

- a. I certify that all information given on this form is complete and true in every respect;
- b. I authorize SISIP Financial, Manulife or its reinsurers, for underwriting, administration of insurance and claims paying purposes, to gather only the necessary information for the object of the file, from any person or organization that has personal information relating to me;
- c. I also authorize SISIP Financial, Manulife or its reinsurers, to disclose only the necessary personal information they have on me to the same persons or organizations specified in paragraph b.

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

Spouse's Signature (mandatory if named as an irrevocable beneficiary)

Day Month Year

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

Therefore, the current term life coverage in force is:

OGTI ☐ RTIP ☐ CAR ☐ IRM ☐

MEMBER: \$ SPOUSE: \$

Day Month Year

SISIP Financial

OR

Day Month Year

Group Underwriter, Manulife

5. SISIP FS OFFICE USE ONLY

S3 S4

Allotment Advice

Pay Allotment Code	Effective Date of Allotment	Premium	Voucher #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Actioned by:

Day Month Year

Submit completed document to: SISIP Financial, National Defence Headquarters, 4210 Labelle Street, Ottawa, ON K1A 0K2 or for RTIP, CAR or IRM, submit to: Manulife, SISIP Services, 2727 Joseph Howe Drive, PO Box 1030, Halifax, NS B3J 2X5