



OAKVILLE

## Beneficiary Confirmation Form Line of Duty Death Benefit

This form must be completed and returned to the Payroll Department, to confirm your spouse or dependent child(ren) as beneficiary for the Line of Duty Death benefit.

As per Article 17, Clause 17.01(c) ii; "In the event that an employee dies a Line of Duty death (including a WSIB recognized presumptive illness as provided in Bill 221), then the spouse, or where there is no spouse, the dependent children under the age of twenty-one years of age shall receive an additional single payment equal to two times the deceased salary at the time of claim approval, on top of the regular life insurance to a total benefit of four times the salary."

Please note that the basic life insurance benefit is payable through Sun Life, and is separate from the Line of Duty Death benefit. You may change the beneficiary of your basic life insurance at any time upon providing written confirmation of the new beneficiary designation.

**Employee Name:** \_\_\_\_\_ **Employee Number:** \_\_\_\_\_

**Please select ONE of the following:**

**I currently have a spouse**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**I currently have no spouse but I have dependent children under the age of 21**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Percentage: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Percentage: \_\_\_\_\_

**I do not have a spouse or dependent children under the age of 21**

This benefit does not apply.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please inform the Payroll Department, Benefits section, if you need to make any changes to this information.