BLUE CROSS®
CANASSURANCE

BENEFICIARY DESIGNATION FORM

Policyholder: _____

Policy Number: _____

TITLE FIRSTNAME SURNAME
STREET
CITY, PROVINCE POSTAL CODE

DESIGNATION OF BENEFICIARY FOR:

☐ Primary Insured ☐ Spouse

Name: _____

BENEFICIARY DESIGNATION

I, the undersigned policyholder, hereby revoke any previous beneficiary designation and designate as beneficiary of the sums payable upon the death of the above-named insured person(s), under the aforementioned insurance contract:

First Name	Last Name	Relationship to Insured	Date of Birth	%

Please note that all sums payable will be distributed equally between the designated beneficiaries unless otherwise instructed.

☐ Revocable ☐ Irrevocable

Please note that a revocable beneficiary can be modified at any moment upon reception of a written request from the policyholder. However, no modification can be made to the designation of an irrevocable beneficiary without his/her consent and a written request from the policyholder.

Moreover, in Quebec, unless otherwise specified, a spouse will automatically be considered irrevocable.

Signed in _____ (City) this _____ (Day) day of _____ (Month) 20_____ (Year)

Signature of the policyholder _____ Signature of the witness _____

WAIVER OF RIGHTS (MANDATORY IF THE BENEFICIARY IS IRREVOCABLE)

I, the undersigned, designated as irrevocable beneficiary of the sums payable upon the death of the above-named insured under the aforementioned contract hereby waive any and all of my claims, rights, titles and interests as beneficiary with regards to said contract.

Signed in _____ (City) this _____ (Day) day of _____ (Month) 20_____ (Year)

Signature of the witness _____ Signature of the irrevocable beneficiary _____

Address _____ Address _____

The Canassurance Hospital Service Association, a corporation devoid of pecuniary gain, assumes no responsibility for the content, accuracy, or reliability of the present designation form.