



### Optional Life Insurance Deduction Authorization Form

To: [pensions@uwindsor.ca](mailto:pensions@uwindsor.ca)

From:

I wish to continue my Optional Life Insurance Policy in the amount of \$ . I understand the coverage will remain in effect until the earlier of me notifying the University of Windsor to cancel coverage or my 70<sup>th</sup> birthday. If I wish to opt out of my Optional Life Insurance Policy, I must notify your office, in writing, authorizing the cancellation of the policy at least one month prior to the cancellation becoming effective. Commencing , I hereby authorize the University to deduct from my pension cheque the following **MONTHLY** amount:

\$ Optional Life Insurance Policy \$ \* *Subject to annual review*

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness (Please Print)

**- OR -**

I wish to discontinue my Optional Life Insurance Policy commencing . I understand that, by stopping this coverage, it will no longer be available to me.

\$ Optional Life Insurance Policy \$

\_\_\_\_\_  
Employee/Retiree Signature

\_\_\_\_\_  
Date (YYYY/MM/DD)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness (Please Print)

\_\_\_\_\_  
University Authorization

\_\_\_\_\_  
Date Received (YYYY/MM/DD)