

Irrevocable Beneficiary

If you have appointed an irrevocable beneficiary for MHI RJ Aviation ULC group insurance in the past, his/her written consent is required in order to change the designation. If this is the case, please have the irrevocable beneficiary sign below. Please note that the beneficiary must have attained the age of majority to provide his/her consent.

Employee name _____

Certificate number _____

Name of irrevocable beneficiary _____

Irrevocable beneficiary's signature _____

Date _____

In order to complete your change, this Irrevocable Consent form must be signed, dated and sent at the following address:

TELUS HEALTH
c/o Flexit360 Benefits Help Desk
25 York St.
Toronto, Ontario M5J 2V5