

Pay Direct Response Sheet

Employee Name: _____

Employee #: _____

I would like to maintain by benefits coverage after _____ as follows:
Date

- Maintain Life Insurance coverage only
- Maintain Extended Health and Vision coverage only
- Maintain Life Insurance and Extended Health and Vision coverage
- I do not wish to maintain coverage

I understand that I must send this Pay Direct Response Sheet within one month of receiving this information sheet in order to maintain benefits.

I understand that cheque(s) payable to Canadian Pacific must be sent no later than the 20th of the month in order for the following month to be covered. Failure to submit a cheque within the time frame will result in discontinued coverage as of the stated above.

Cheques received without this Pay Direct Response Sheet attached will be returned.

If I do not wish to maintain coverage, I understand that my coverage will expire as per Policy 84500.

Signature: _____

Date: _____

If you require any further assistance, please contact Employee Services.

Email: Employee_Services@cpr.ca

Phone: 1-866-319-3900

Fax: 1-866-995-6959

Mail: **Canadian Pacific**
Employee Services
Building #7
478 McPhillips St.
Winnipeg MB R2X 2G8