

## Employee Benefit Enrollment Form Instructions

### A. Group Plan Administrator Information (Mandatory)

Page 1 of the form to be completed by the Group Plan Administrator only – PLEASE PRINT.

- 1) Indicate the company name and group policy ID number that you can find on the employee handbook or member ID cards. If the enrollment form is being completed for a new group the group policy ID number is not required.
- 2) Check new if you are adding a new employee to the plan. Check change information for employee changes such as a new class, adding a beneficiary or a change of address. Check termination to terminate an employee.
- 3) Indicate the member ID as noted on the employee member ID cards for changes and terminations and the effective date of the change, termination or new enrollment.
- 4) Indicate the Class Code (i.e. A, B, C) and Class Description (i.e. Executives, Managers, Staff).
- 5) Indicate the division and/or cost centre code and description. Divisions are subsidiaries, affiliates or branches and cost centres are billing divisions.

### B. Short Term Disability, Long Term Disability, Life, Accidental Death & Dismemberment & Critical Illness Coverage

- 1) Complete this section only when coverage includes STD, LTD, Life, AD&D and CI.
- 2) Check new application for a new employee, change information for an employee change or reinstatement for an employee rehire.
- 3) Indicate employee's province of residence, province of employment, date of employment or reinstatement, waiting period, occupation, earnings (per hour, month, week or year) and the number of working hours per week.

### C. Signature

- 1) Review the completed information on page 1 and sign and date.

### D. Employee Information (Mandatory)

Pages 2 and 3 of the form to be completed by the Employee only – PLEASE PRINT.

- 1) Indicate your first name, middle initial, last name, gender, home address, home and business telephone number and birth date.

### E. Direct Deposit

- 1) Check yes or no. If you check off yes, please attach a void cheque to the enrollment form. Direct deposit allows for faster and more convenient claim payments.

### F. Covered Family Members/Dependent Information

- 1) Complete this section only if you have covered family members/dependents.
- 2) Indicate first and last name, gender, date of birth and check off relationship to plan participant for each covered family member/dependent.

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- 3) If you check disabled dependent, indicate the nature of infirmity.
- 4) If you check dependent student, indicate the school, college or university name and when the school year begins and ends.
- 5) If you have more dependents, please fill out another form and submit with the enrollment form.

### **G. Other Coverage Information – Co-ordination of Benefits**

- 1) Complete this section only if your spouse or dependents have group coverage.
- 2) Check yes or no for spouse or dependent group coverage. If yes, indicate the policy number and name of the group plan provider.

### **H. Group Benefit Plan Waiver**

- 1) Only dental and health benefits can be waived. Check with your plan administrator, health coverage may not be waived if your plan has stop loss coverage. If you are waiving benefits, check benefits waived and check participants not participating. Sign and date this section.

### **I. Beneficiary Designation**

- 1) Complete this section only if coverage includes Life and Accidental Death & Dismemberment.
- 2) Indicate the beneficiary's first and last name, amount or % and relationship to plan participant.
- 3) For Quebec Residents Only: A spousal beneficiary designation is irrevocable unless you check off revocable.
- 4) Indicate a Trustee if any beneficiary is under the age of 18. If plan member is a Quebec resident, you do not have to indicate a Trustee.

### **J. Voluntary/Optional Life**

- 1) Complete this section only when coverage includes Voluntary/Optional Life.
- 2) Indicate coverage amount for employee, spouse and each child.
- 3) Check off yes or no if you or your spouse have smoked cigarettes in the last 12 months.
- 4) Attach the completed evidence of insurability form.

### **K. Authorization (Mandatory)**

- 1) Read the authorization and sign and date this section.