



## COMPLETING YOUR GROUP INSURANCE ENROLLMENT FORM

### Employee Section

- ✘ In Canada on a Work Visa/Permit – include a copy with your enrollment form; if LTD benefits are included in your group plan, you're eligible for this benefit provided that your work visa is 2+ yrs; if less than 2 yrs, you must have applied for permanent residency and have provincial medical coverage to qualify
- ✘ Provincial Health Plan – if you don't have this coverage, you still qualify for benefits, with some restrictions; your client services representative will provide further details
- ✘ Marital Status - common-law dependents are eligible after one year of cohabitation

### Partial Waiver Section

- ✘ You may opt to waive Extended Health Care and/or Dental Care for your dependents and/or yourself if you have alternate coverage (ie a spouse's group plan); indicate details of this coverage in the Employee Section

### Beneficiary Designation

- ✘ You may list as many beneficiaries as necessary - note that a Trustee Designation is required if a beneficiary is under age 18; indicate 'estate' if you choose not to designate a beneficiary
- ✘ The date and signature in this section are required prior to processing your enrollment

### Employer Section

- ✘ Your employer/administrator will complete this section, indicating your earnings, hours per week, occupation and employment date - Payroll Number section is optional; signature and date are required