

Purpose of Group Enrolment Form

The purpose of the group enrolment form for group insurance is to provide necessary information to obtain coverage and written confirmation that you wish to obtain coverage under the policyholder.

All sections must be completed.
Incomplete forms will be returned.
Please Print in Ink.

Employee Name Last: _____ First: _____

Residence Street: _____ City: _____ Prov: _____ Postal Code: _____

Date of Birth (MM/DD/YY) _____ Language Preference English French Gender Male Female

Marital Status Single Married Common Law Separated Divorced Widowed

Required Coverage My Self Only My Self & Dependents Waived* Health Dental

*Coverage will be waived only if there is coverage elsewhere and the following information is supplied:

Name of Insuring Company _____ Policy # _____

When enrolling for family benefits, coverage for dependents will only be provided if the information below is complete:

Dependent Name First and Last (Please Print Clearly)	Gender M or F	Relationship to Insured	Date of Birth MM/DD/YY	✓ Below if There is Other Coverage		If Dependent Child is Over the Age of 21 are They a Full-Time Student?	
				Health	Dental	Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beneficiary Designation

Unless otherwise designated, the beneficiary is "Revocable". If no beneficiary is designated, the beneficiary will be the Estate. If naming a minor as Beneficiary, request a Trustee Appointment form from your plan administrator. Without completion of that form the insurer may hold proceeds until the minor reaches age of majority. For Province of Quebec Residents, the appointment of a spouse as beneficiary is considered "Irrevocable" unless the wording "Revocable" is actually selected after the spouse's name.

If you are a resident of Quebec please indicate Revocable or Irrevocable.

Full First and Last Name of Beneficiary (ies)	Percentage	Relationship to Insured	Revocable	Irrevocable
	%		<input type="checkbox"/>	<input type="checkbox"/>
	%		<input type="checkbox"/>	<input type="checkbox"/>
	%		<input type="checkbox"/>	<input type="checkbox"/>

Declaration and Authorization for the Collection and Communication of Personal Information to Third Parties

I authorize Jones DesLauriers Blevins Insurance Group Inc. and affiliated companies, strictly for the purposes of providing group insurance to:

- Collect from me and my employer only information deemed necessary to provide group insurance.
- Communicate the said information only to organizations deemed necessary to provide and process my group insurance

I am applying for insurance coverage in accordance with the provisions and conditions of the Group Insurance Contract issued at the Policyholder's request. I authorize the policyholder to deduct from my earnings the required contribution for the insurance to which I am or may be entitled. I authorize the use of my social insurance number for group insurance identification purposes and as required by law, for income tax reporting. A copy of this authorization is as valid as the original.

Signature of Participant _____

Date Signed (MM/DD/YYYY) _____

To Be Completed by Plan Administrator

Policy No. _____ Policyholder/Employer _____

Certificate No. _____ Employee ID No. _____ Division _____ Class _____ Dept/Cost Centre _____

Salary _____ Salary Basis Annual Bi-Weekly Weekly Monthly Hourly

No. of Hours Worked per Week _____ Occupation _____

Date of Hire (MM/DD/YY) _____ Date of Full-Time Employment (MM/DD/YY) _____ Date Waiting Period Completed (MM/DD/YY) _____

Signature of Plan Administrator _____

Date Signed (MM/DD/YY) _____

