

EMPLOYER SECTION

POLICY NUMBER	DIVISION / UNIT
EMPLOYER	

EMPLOYEE SECTION

LAST NAME	FIRST NAME	
AMOUNT OF PRINCIPAL SUM	DATE OF BIRTH DD / MM / YYYY	
CHECK ONE PLAN <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee & Family	CHECK ONE PLAN <input type="checkbox"/> New insurance <input type="checkbox"/> Change in amount <input type="checkbox"/> Addition of Family Plan <input type="checkbox"/> Change of name <input type="checkbox"/> Change of beneficiary <input type="checkbox"/> Deletion of Family Plan	
<p align="center">NOTE : THE BENEFICIARY DESIGNATION IS REVOCABLE UNLESS OTHERWISE SPECIFIED. HOWEVER, FOR QUEBEC RESIDENTS THE SPOUSAL BENEFICIARY IS IRREVOCABLE UNLESS OTHERWISE SPECIFIED.</p>		
BENEFICIARY'S LAST NAME	FIRST NAME	RELATIONSHIP TO EMPLOYEE
Is Spouse to be covered "Common Law"? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide name.</i>		
SPOUSE'S LAST NAME	FIRST NAME	

AUTHORIZATION

<input type="checkbox"/> I authorize the deduction from my salary of the premiums for the insurance applied for as shown above. <input type="checkbox"/> I have been given the opportunity to apply for this insurance but I do not desire to participate.	
EMPLOYEE'S SIGNATURE	DATE DD / MM / YYYY
<p align="center">POLICY COVERAGES, TERMS, CONDITIONS AND EXCLUSIONS ARE SUMMARIZED IN THE CERTIFICATE. WE SUGGEST THAT YOU KEEP THE CERTIFICATE WITH YOUR OTHER IMPORTANT DOCUMENTS FOR FUTURE REFERENCE. THE TERMS AND CONDITIONS GOVERNING THE INSURANCE ARE SET OUT IN THE GROUP POLICY WHICH IS ON FILE WITH THE EMPLOYER.</p>	