



GROUP BENEFITS ENROLLMENT FORM



Please read through this form carefully and complete all relevant sections.

Please select your preferences for the duration of the academic year and submit to enrol@canben.com by the first date of the semester. IF YOU ARE INCLUDING POST-DATED CHEQUES, please send this form with cheques via regular mail to:

2300 Yonge Street, Suite 3000, P.O. Box 2426, Toronto ON M4P 1E4

SECTION I: PERSONAL INFORMATION

Your Last Name		Your First Name		Employee Number/ID		Sex (M or F)		Date of Birth (yyyy/mm/dd)	
Your Address (Street Number and Name)				City		Province		Postal Code	
Phone Number:									
Marital Status	Single	Married	Separated	Divorced	Common-Law	Widowed	If common-law, provide date cohabitation commenced (yyyy/mm/dd):		

SECTION II: ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE (Optional)

I would like to enroll for AD&D:									
<u>SINGLE</u>					<u>FAMILY</u>				
\$100,000		<input type="checkbox"/> \$48.00/semester		<input type="checkbox"/> \$62.40/semester					
\$200,000		<input type="checkbox"/> \$96.00/semester		<input type="checkbox"/> \$124.80/semester					
\$300,000		<input type="checkbox"/> \$144.00/semester		<input type="checkbox"/> \$187.20/semester					
Please attach a void cheque and sign Page 3.									
AD&D will remain in force until age 70 as long as premiums are paid.									

SECTION III: COVERAGE PREFERENCES & CONTRACT STATUS

Academic Year: September 1, 2021 to August 31, 2022			
What coverage do you want? (Single enrollment automatic if teaching. Only enroll if not teaching)	Single	Couple	Family
For what Semester(s) would you like coverage?	Fall	Winter	Summer
For what semesters will you have a teaching contract?	Fall	Winter	Summer

PLEASE CONTINUE TO NEXT PAGE

SECTION VI: DEPENDENT INFORMATION

Please complete the section below if you have selected Couple or Family Coverage.

Dependent Information					
	Last Name (if different than employee)	First Name	Date of Birth (yyyy/mm/dd)	Sex (M or F)	If child is over 21, indicate if disabled or if a full time student. If in school, provide name of school below and attach proof of enrolment.
Spouse					
Child					
Child					
Child					
Child					

Plan Member/Employee Authorization

I hereby apply for group benefits coverage and authorize the deduction from my pay (if applicable) and remittance to Canadian Benefits Consulting Group any contributions required under the group benefits plan. I hereby authorize my employer, group plan administrator, the insurance company or their agents, or any other person or organization to release and exchange any and all information necessary for the purpose of determination of eligibility for benefits and administration of the group benefits plan. I confirm I am authorized to act on behalf of my spouse and/or dependants for such purposes.

I declare that the information provided is true, complete and accurate. Any copy of this authorization shall be valid as the original.

Plan Member/Employee's Signature: _____

Date signed: _____

Sign here

To ensure that coverage is kept up to date for you and your dependents, it is vital that you advise your Plan Administrator of any changes such as change of name, marital status or dependents status, or reinstatement of benefits previously waived. Changes reported more than 30 days after the date of change may require evidence of insurability.

Canadian Benefits Consulting Group cannot accept any unsigned forms.

Questions? Please contact us at (416) 488-7755, toll free at 1-800-268-0285 or at enrol@canben.com

Canadian Benefits Consulting Group

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