



Employee Application/Change Form

6 Cumberland Street
Barrie, ON L4N 2P4
Phone: (705) 734-6279
Toll Free: (800) 661-9023
Fax: (705) 734-9725

Enrolment Form Date of Hire / Re-Hire: _____
 Change Form Type of Change: _____ Date Effective: _____

Employer / Plan Section (to be completed by the plan administrator)

Company Name: _____ Policy No: _____
Date of Permanent Full-time: _____ Effective Date: _____
Occupation: _____ Annual Earnings: _____
Class / Division: _____

Employee / Participant Details (to be completed by the employee)

Last Name: _____ First Name: _____
Address: _____
Postal Code: _____
Date of Birth: (mm/dd/yyyy): _____ Marital Status: _____
Coverage Status: Single: _____ Family: _____ Waive: _____ Gender: M/F _____

Dependent Details (to be completed by the employee)

Spouse: Last Name: _____ First: _____ Sex: _____ DOB: _____
Child 1: Last Name: _____ First: _____ Sex: _____ DOB: _____
Child 2: Last Name: _____ First: _____ Sex: _____ DOB: _____
Child 3: Last Name: _____ First: _____ Sex: _____ DOB: _____

Please indicate below if any of your dependents are full time students over age 21

Name of Over Age Student	College/University Attended	Enrolled From	Enrolled To
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate the name of any disabled dependents: _____

Authorization (to be completed by the employee)

By enrolling in this plan I am authorizing the applicable insurance carriers, agents and service providers to use and exchange information collected in this form to underwrite, administer and adjudicate claims. I also authorize my plan sponsor to use this same information for benefits administration and to make any necessary payroll deductions, which may be required.

Employee / Participant Signature: _____
Employee / Participant Name (Please Print): _____
Date: _____