Key Points to Completing the Group Insurance Enrollment Form

- The application should be completed in **blue** ink
- The name of employer and employee first and last name must be completed
- Benefits can be provided if the employee is not covered by the Provincial Health Plan however the coverage for travel and hospital will not apply and the amount that may be claimed for prescription drugs may be limited. Please ensure this section is completed.
- If there are employees on Work Visas/ Permits, we will require a copy of it for our records. In addition please note that those employees will not be eligible for Short Term Disability or Long Term Disability. Please ensure this section is completed.
- Please ensure the information provided is legible to ensure the names are correct on the employee cards
- Please tick off the appropriate gender
- Please ensure the Birth Date and Province of Residence is complete. *Please note – the province of residence is the province the employee lives in not the province where the employee was born*
- Please indicate the marital status. *When marital status is common-law the date of cohabitation must be indicated. Common-law dependents are eligible after one year of cohabitation*
- Spouses and dependents must be listed. Please ensure the name, gender, birthdates and relationship to the employee (spouse, child etc.) are completed and legible. This information will appear on the cards.
- If the employee is covered under another plan the appropriate information should be indicated in the appropriate section (under the section where dependents are listed)
- You may list as many beneficiaries as you wish. If you wish to list more than two please note the list of beneficiaries on an additional form. The trustee designation is required when one or more of the beneficiaries are under the age of 18. If the employee does not wish to designate a beneficiary the designation can be completed indicating "estate"
- The date and signature next to the beneficiary is mandatory. This signature is required prior to processing of the form
- If an employee has comparable health and dental coverage through another plan they may opt to waive the coverage for themselves or for themselves and their dependents. Please ensure the appropriate boxes are checked off to get the coverage the employee wishes and the information pertaining to the other plan is indicated on the form. Please ensure the waiver section of the enrollment form is signed and dated. If the employee is waiving for their dependents only they will have single coverage. If they are waiving for themselves and their dependents they will not have health and/or dental coverage of any kind. If the employee wishes to obtain the coverage at a later date they may do so only if the other coverage terminates. If they want the coverage at a later date and the other coverage is still in force they will have to apply as a late applicant. Late applications are subject to the approval of health evidence and dental restrictions will apply.
- The bottom section is for the employer/administrator to complete. Please complete the employee's earnings, hours per week, occupation and employment date. The Payroll Number section is optional and does not require completion. The employer signature and date is required.