SEIU Locals 1 & 2 Benefit Trust Fund — Group Benefit Enrolment Form

Agent/ Administrator: **Global Benefits** • Telephone: 416-635-6000 • Fax: 416-635-6464 • seiubenefittrust@globalben.com
88 St. Regis Crescent South, Toronto, ON M3J 1Y8

Please type or print clearly. Complete all items on both sides of the form in detail. 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 dependent status, change of beneficiary or reinstatement of benefits previously waived. Changes reported more than 30 days after the date of change may require evidence of insurability.

For more information, contact Global Benefits. When leaving a voicemail or email message, please provide your name, social insurance number, policy number, and details of your enquiry so that we can investigate and respond to your enquiry as efficiently as possible.

REV. **180201**

1. Administrative Information: (*please type or print clearly)*

Name of Employer:

Plan Sponsor	Policy Number
SEIU Locals 1 & 2 Benefit Trust Fund *[J4J Toronto]*	5923

2. Participant Information: (*please type or print clearly)*

Participant Surname	Given Name	Initial	Social Insurance Number

Address: Number/Street/Apt. Number	City	Province	Postal Code

Home Phone *include area code*	Cell Phone *include area code*	Email Address

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Common Law

Date of Birth *mm/dd/yyyy*	If common law, date on which cohabitation period started *mm/dd/yyyy*

3. Information on your dependent(s)

	Surname	Given name(s)	Date of Birth *mm/dd/yyyy*	Sex M/F	Are your spouse and/or your children covered by another group insurance plan?[1]	Full-time student? [2]	Total and permanent disability[3]
Spouse							
Child							
Child							
Child							
Child							

1 If your spouse and/or children are covered under another group insurance policy, please complete Section 4.
2 If you have dependent children who have reached the first age limit stipulated in the contract, please complete Section 7.
3 If you have disabled dependent children who have reached the first age limit stipulated in the contract, please contact Global Benefits for more information.

4. Information about your spouse's group insurance plan

Name of your spouse's group insurer	Policy Number

Coverage

Health Care: ☐ Individual ☐ Family

Dental Care: ☐ Individual ☐ Family

5. Choice of Coverage

☐ Individual coverage *(only the participant is covered)* ☐ Family coverage *(the participant and his/her eligible dependents are covered)*

6. Exemption request for benefits already covered under your spouse's group insurance plan

I decline health insurance benefits:
☐ for myself and my dependents ☐ for my dependents only

7. Confirmation of school attendance (*dependent children who have reached the first age limit)*

Given Name(s)	Name of educational institution attended on a full-time basis	Attendance Period Start *mm/dd/yyyy*	Attendance Period End *mm/dd/yyyy*	Telephone number of institution
				( )
				( )
				( )

The Plan Administrator reserves the right to confirm student status with the educational institution.

8. Beneficiary designation

Beneficiary Surname	Given name(s)	Relationship to Participant	%

If the designated beneficiary is legal heirs or estate, please write in full "Legal heirs" or "Estate" and do not provide surname(s), given name(s) or relationship to participant.

9. Quebec participants only (*to be completed if beneficiary is your spouse – marriage or civil union)*

In Quebec, the designation of a spouse, excluding common-law spouse, as beneficiary is irrevocable unless otherwise specified. An irrevocable designation cannot be changed unless the beneficiary aged 18 or over signs a waiver of rights.

Please sign in the box corresponding to your choice **ONLY** if you designate your SPOUSE as beneficiary.

The beneficiary designation is **revocable**.

Participant Signature

OR

The beneficiary designation is **irrevocable**.

Participant Signature

10. Declaration appointing trustee (*to be completed if beneficiary is under legal age)*

I hereby appoint_____as Trustee to receive any amount due to any beneficiary under legal age and I declare that the receipt from such Trustee shall be a valid discharge of the amount so paid. I also hereby authorize such Trustee at his/her discretion to apply on behalf of such beneficiary the whole or any portion of such amount and the income derived therefrom for the care, maintenance, education, advancement in life or other benefit of such beneficiary.

Participant Signature	Date *mm/dd/yyyy*

11. Optional benefits

Please verify with your Plan Administrator if optional benefits are offered under your plan. Please note that optional benefits are subject to evidence of insurability and come into effect only when approved.

12. Authorization

Plan Member/Employee Authorization

I hereby apply for group benefits coverage and authorize the deduction from my pay (if applicable) and remittance to ***SEIU Locals 1 & 2 Benefit Trust Fund*** 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 dependents for such purposes.

I authorize the use of my *Social Insurance Number* as my Certificate Number under the group plan and as my identification number in the ***SEIU Locals 1 & 2 Benefit Trust Fund*** database.

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

Participant Signature	Date *mm/dd/yyyy*

SEIU Locals 1 & 2 Benefit Trust Fund is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business. Any concerns, questions or suggestions you may have regarding the SEIU Locals 1 & 2 Benefit Trust Fund compliance with privacy law requirements or this Privacy Policy should be addressed to the Privacy Officer at the following address:

SEIU Locals 1 & 2 Benefit Trust Fund
c/ o Global Benefits
88 St. Regis Crescent South, Toronto, Ontario, M3J 1Y8
Telephone: 416-635-6000 • Facsimile: 416-635-6464 • Email: privacyofficer@globalben.com