



Agent/ Administrator: **Global Benefits** • Telephone: 416-635-6000 • Fax: 416-631-3064 • benefits@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, dependent status, or change of beneficiary. 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, Member ID or drug card number, policy number, and details of your enquiry so that we can investigate and respond to your enquiry as efficiently as possible.

1. Administrative Information – To Be Completed by the Plan Administrator	
Plan Sponsor SEIU Locals 1 & 2	Health & Welfare Policy Number

2. Employment Information: <i>Must be completed to enrol in benefits</i>
Who does the Member work for?

3. Member Information: <i>(please type or print clearly)</i>				
Last Name	First Name	Initial	Social Insurance Number	
Address: Number/Street/Apt. Number		City	Province	Postal Code
Home Phone <i>include area code</i>	Cell Phone <i>include area code</i>		Email Address	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law			
Insured Date of Birth <i>mm/dd/yyyy</i>	Initiation Date <i>mm/dd/yyyy</i>	If common law, date on which cohabitation period started	<i>mm/dd/yyyy</i>	

4. Information on your dependent(s)							
	Surname	First name(s)	Date of Birth <i>mm/dd/yyyy</i>			Sex M/F	Are your spouse and/or your children covered by another group insurance plan? <sup>1</sup>
Spouse							
Child							
Child							
Child							
Child							

Please complete page two (Beneficiary Information and Authorization)

**5. All other Plans administered by Global Benefits Beneficiary designation**

I hereby designate the person(s) named below as my beneficiary entitled to receive any benefit which may become payable under the following plans upon my death:

Beneficiary Name	Relationship to Member
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Address for Named Beneficiary

If no beneficiary is named or the named beneficiary predeceases you, any death benefits will be paid to the member's estate.

**Provided that if the above beneficiary predeceases me:**

Alternate Beneficiary Name	Relationship to Member
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Address for Alternate Named Beneficiary

**6. Authorization**

Plan Member/Employee Authorization

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 information necessary for the purpose of determination of eligibility for benefits and administration of the group benefits plan.

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.

Insured Signature	Date <i>mm/dd/yyyy</i>
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**SEIU Locals 1 & 2 Benefit Trust Fund** are 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 Trust Fund Name 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: 416-631-3064 • Email: [privacyofficer@globalben.com](mailto:privacyofficer@globalben.com)