

**EMPLOYER SECTION**

POLICY NUMBER	DIVISION / UNIT
EMPLOYER	

**EMPLOYEE SECTION**

LAST NAME	FIRST NAME	
AMOUNT OF PRINCIPAL SUM	DATE OF BIRTH DD / MM / YYYY	
CHECK ONE PLAN <input type="checkbox"/> Employee Only  <input type="checkbox"/> Employee & Family	CHECK ONE PLAN <input type="checkbox"/> New insurance <input type="checkbox"/> Change in amount <input type="checkbox"/> Addition of Family Plan  <input type="checkbox"/> Change of name <input type="checkbox"/> Change of beneficiary <input type="checkbox"/> Deletion of Family Plan	
<p align="center"><b>NOTE :</b> THE BENEFICIARY DESIGNATION IS REVOCABLE UNLESS OTHERWISE SPECIFIED. HOWEVER, FOR QUEBEC RESIDENTS THE SPOUSAL BENEFICIARY IS IRREVOCABLE UNLESS OTHERWISE SPECIFIED.</p>		
BENEFICIARY'S LAST NAME	FIRST NAME	RELATIONSHIP TO EMPLOYEE
Is Spouse to be covered "Common Law"? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please provide name.</i>		
SPOUSE'S LAST NAME	FIRST NAME	

**AUTHORIZATION**

<input type="checkbox"/> I authorize the deduction from my salary of the premiums for the insurance applied for as shown above. <input type="checkbox"/> I have been given the opportunity to apply for this insurance but I do not desire to participate.	
EMPLOYEE'S SIGNATURE	DATE DD / MM / YYYY
<p align="center"><b>POLICY COVERAGES, TERMS, CONDITIONS AND EXCLUSIONS ARE SUMMARIZED IN THE CERTIFICATE.</b>  <b>WE SUGGEST THAT YOU KEEP THE CERTIFICATE WITH YOUR OTHER IMPORTANT DOCUMENTS FOR FUTURE REFERENCE.</b>  <b>THE TERMS AND CONDITIONS GOVERNING THE INSURANCE ARE SET OUT IN THE GROUP POLICY WHICH IS ON FILE WITH THE EMPLOYER.</b></p>	