

# Group benefits enrolment/change form for First Nations Groups



## Instructions

- The Plan administrator completes Section 1.
- Complete all the remaining sections and return the form to your plan administrator.

## 1 Information to be completed by plan administrator

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| Contract number  |                                   | Contract holder name   |  |
| <input type="checkbox"/> New plan member<br><input type="checkbox"/> Re-hire | Date of hire/re-hire (yyyy-mm-dd) | Plan member ID   | Class/Plan   |
| Effective date of coverage (yyyy-mm-dd)                                      |                                   | Location/billing group number  | Location/billing group name  |
| Occupation   | Salary<br>\$                      | Basis<br><input type="checkbox"/> Annual<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Bi-weekly | <input type="checkbox"/> Semi-monthly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Hourly (Hrs./Wk.<br><input type="checkbox"/> Other _____ (please specify) |

## 2 Plan member details

**Important:** To be eligible for Extended Health Benefits under this plan, you must have coverage through your Provincial Medicare plan (e.g. OHIP, RAMQ, MSP) or federal plan.

|  |  |  |   |                                      |  |
|--|--|--|---|--------------------------------------|--|
| Plan member's last name  |  | Middle initial   | First name  |                                      | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female               |
| Address (street number and name)   |  |  |   |                                      | Apartment or suite   |
| City   |  |  |   | Province                             | Postal code  |
| Date of birth (yyyy-mm-dd)   | Language<br><input type="checkbox"/> English<br><input type="checkbox"/> French        | Province of residence  | Province of employment  | Telephone number                     |  |
| Status<br><input type="checkbox"/> Status member<br><input type="checkbox"/> Non-status member                           | Marital status<br><input type="checkbox"/> Single<br><input type="checkbox"/> Divorced | <input type="checkbox"/> Married<br><input type="checkbox"/> Separated | <input type="checkbox"/> Common Law<br><input type="checkbox"/> Widowed | <input type="checkbox"/> Civil Union | Coverage selection<br><input type="checkbox"/> Single<br><input type="checkbox"/> Family |
| If you are a resident of BC, AB or MB please provide your Pharmacare number  |  |  |   |                                      |  |
| Email address (Makes signing into <a href="https://mysunlife.ca">mysunlife.ca</a> to manage your benefits & claims easy) |  |  |   |                                      |  |

## 3 Refusal of benefits

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract you may refuse to be covered for such benefit(s) under this contract by selecting the applicable box for each benefit:

I refuse coverage for myself and my dependents under: ☐ **Extended Health Care** ☐ **Dental Care**

I refuse coverage for my dependents under: ☐ **Extended Health Care** ☐ **Dental Care**

#### 4 Banking details

If you wish to have your Extended Health Care and/or Dental Care benefit payments deposited directly into your bank account, attach a void cheque, direct deposit form or bank verification statement.

If you do not have a chequing account, you must provide a direct deposit form or bank verification statement from your bank branch. This form must be provided by your bank, trust company, caisse populaire or credit union in Canada, and be signed and stamped by a banking representative. If your bank provides an online direct deposit form, pre-populated with your banking information, this can also be submitted. These forms must contain your name, the Bank Number, your Branch Number and Account Number to facilitate your benefit payment being deposited directly into your account.

**Please attach a void cheque, direct deposit form or bank verification statement**

#### 5 Spouse details

If you have a spouse, complete the following section.

**IMPORTANT:** A spouse must first claim from his/her own employer's plan.

To be eligible for Extended Health Benefits under this plan, your spouse must have coverage through their Provincial Medicare plan (e.g. OHIP, RAMQ, MSP) or federal plan.

|  |  |  |                            |
|--|--|--|----------------------------|
| Spouse's last name   | Spouse's first name  | Gender<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of birth (yyyy-mm-dd) |
| Status<br><input type="checkbox"/> Status member<br><input type="checkbox"/> Non-status member | If your spouse is a resident of BC, AB or MB, please provide their Pharmacare number |  |                            |

Is your spouse covered for Extended Health Care and/or Dental Care benefits by his/her employer's plan?

☐ No ☐ Yes If yes, please indicate spouse's coverage:

**Extended Health Care** ☐ Family ☐ Single

**Dental Care** ☐ Family ☐ Single

Name of benefits carrier: \_\_\_\_\_

#### 6 Children details

If you have dependent children, complete the following section.

**IMPORTANT:** Claims for covered children must be sent first to the plan of the parent whose birth date falls earlier in the year.

| Child's last name | Child's first name | Date of birth (yyyy-mm-dd) | Gender   | Student*  | Over-age disabled child**                                   | Status   |
|-------------------|--------------------|----------------------------|--|---|---|--|
| Child's last name | Child's first name | Date of birth (yyyy-mm-dd) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Status<br><input type="checkbox"/> Non-Status |
| Child's last name | Child's first name | Date of birth (yyyy-mm-dd) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Status<br><input type="checkbox"/> Non-Status |
| Child's last name | Child's first name | Date of birth (yyyy-mm-dd) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Status<br><input type="checkbox"/> Non-Status |
| Child's last name | Child's first name | Date of birth (yyyy-mm-dd) | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Status<br><input type="checkbox"/> Non-Status |

## 6 Children details (continued)

\* A student is a child age 21 or over but under age 25, who is a full-time student attending an educational institution recognized by Canada Revenue Agency, as long as the child is not married or in any other formal union and is dependent on you for financial support.

\*\* To enrol an over-age disabled child, complete a Disabled Child Coverage form, and send it to us within 6 months of the date the dependent reaches the age limit.

(For Quebec plan members, please check with your plan administrator for dependent student age limit.)

## 7 Beneficiary nomination

### IMPORTANT:

**Note:** If you want to make any of the beneficiaries you list below permanent, write 'irrevocable' beside their name. For example, this may be required as part of a separation agreement or a court order.

If you designate an irrevocable beneficiary, then the irrevocable beneficiary's consent is required for you to either: (a) replace the irrevocable beneficiary or (b) decrease the coverage amount or the percentage of benefits payable to the irrevocable beneficiary. Please have the irrevocable beneficiary complete, sign and date the Consent by Beneficiary form.

If you do not nominate a beneficiary, the proceeds will be paid to your estate.

If you are nominating a beneficiary who is a minor under the age of 18, please see section entitled *Nomination of trustee for minor beneficiary*. Complete each section for any benefits for which you have coverage.

Be sure to write the beneficiary's first and last name, as well as the relationship to you. The total allocation between your beneficiaries must equal 100%.

You must initial any changes or deletions. Correction fluid cannot be used.

Beneficiary for **Employee BASIC Life** and **Accidental Death Benefits (if applicable)**

|           |            |                             |                 |
|-----------|------------|-----------------------------|-----------------|
| Last name | First name | Relationship to plan member | Percentage<br>% |
| Last name | First name | Relationship to plan member | Percentage<br>% |
| Last name | First name | Relationship to plan member | Percentage<br>% |

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ Revocable beneficiary

Beneficiary for **Employee OPTIONAL Life** and **Accidental Death Benefits (if applicable)**

|           |            |                             |                 |
|-----------|------------|-----------------------------|-----------------|
| Last name | First name | Relationship to plan member | Percentage<br>% |
| Last name | First name | Relationship to plan member | Percentage<br>% |
| Last name | First name | Relationship to plan member | Percentage<br>% |

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ Revocable beneficiary

## 8 Appointing contingent beneficiaries

If you wish to appoint a contingent beneficiary, in the event that there are no surviving beneficiaries at the time of your death, please complete this section.

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate.

Unless I specify otherwise, my contingent beneficiary will apply to all my benefits.

|           |            |                             |                 |
|-----------|------------|-----------------------------|-----------------|
| Last name | First name | Relationship to plan member | Percentage<br>% |
| Last name | First name | Relationship to plan member | Percentage<br>% |
| Last name | First name | Relationship to plan member | Percentage<br>% |

In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ Revocable beneficiary

## 9 Nomination of trustee for minor beneficiary other than Quebec residents

If you wish to designate minor children under the age of 18 as beneficiaries, a trustee must be designated.

NOTE: In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

Any payments becoming due while the beneficiary(s) is a minor under the age of 18 are to be made to \_\_\_\_\_ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge the company.

## 10 Authorization and signature

### IMPORTANT:

You must sign and date the form.

I am authorized to disclose information about my spouse and dependents in order to enrol them in the plan.

By enrolling in this plan, I authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers, its reinsurers and their service providers to collect, use and disclose relevant information about me to underwrite, administer and adjudicate claims,
- My plan sponsor, and its agents to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required,
- Sun Life Assurance Company of Canada, its agents and service providers, and my plan sponsor and its agents to collect, use and disclose information about me, my spouse and dependents necessary for enrolment and for the purposes of continuing administration of the plan.

I understand that satisfactory proof of good health may be required for myself or my spouse to become covered or to increase Optional Employee Life or Optional Spouse Life coverage.

I declare that the information above is accurate and true. Inaccurate information may invalidate my claim.

A photocopy or electronic version of this signed form is valid. The original is still required for beneficiary nominations.

|                            |                   |
|----------------------------|-------------------|
| Plan member signature<br>X | Date (yyyy-mm-dd) |
|----------------------------|-------------------|

## Respecting your privacy

Respecting your privacy is a priority for the Sun Life group of companies. We keep in confidence personal information about you and the products and services you have with us to provide you with investment, retirement and insurance products and services to help you meet your lifetime financial objectives. To meet these objectives, we collect, use and disclose your personal information for purposes that include: underwriting; administration; claims adjudication; protecting against fraud, errors or misrepresentations; meeting legal, regulatory or contractual requirements; and we may tell you about other related products and services that we believe meet your changing needs. The only people who have access to your personal information are our employees, distribution partners such as advisors, and third-party service providers, along with our reinsurers. We will also provide access to anyone else you authorize. Sometimes, unless we are otherwise prohibited, these people may be in countries outside Canada, so your personal information may be subject to the laws of those countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit [www.sunlife.ca/privacy](http://www.sunlife.ca/privacy).

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