Desjardins Insurance
LIFE • HEALTH • RETIREMENT

C. P. 3000
Lévis (Québec) G6V 9X8
desjardinslifeinsurance.com

A group benefits plan insured by Desjardins Financial Security Life Assurance Company, hereinafter Desjardins Insurance, that may be administered by your employer. For more details, please refer to your employer.

GROUP INSURANCE - CONTRACT ADMINISTRATION

APPLICATION FOR ENROLMENT

A - IDENTIFICATION

Please print. ☐ **New application** ☐ **Reinstatement**

Name of policyholder	Policy no.	Division no.	Class	Certificate no.
Brant Community Healthcare System	541240	1227		

Last name of employee	First name	Date of birth YYYY MM DD	Gender	Language
			☐ M ☐ F	☐ English ☐ French

Address - No., street, apt.	City	Province	Postal code

Current position	Annual salary	☐ Full-time ☐ Part-time	No. of hours worked per week:	No. of years of service with another participating employer:	No. of years of full-time service:

Date of hire/ rehire: YYYY MM DD	Date employed on a full-time basis: YYYY MM DD	Termination date with previous employer: YYYY MM DD

B - EFFECTIVE DATE OF COVERAGE

Benefit	YYYY	MM	DD	Benefit	YYYY	MM	DD	Benefit	YYYY	MM	DD	Benefit	YYYY	MM	DD	Benefit	YYYY	MM	DD
HOOGLIP (BASIC LIFE)				HOOVLIP (VOLUNTARY LIFE)				MEMBER CUSTOM VOL. ACCIDENTAL				HOODIP Part A (STD)				EHC			
CUSTOM LIFE				MEMBER CUSTOM VOL. LIFE															
AD&D				SPOUSAL VOLUNTARY LIFE				SPOUSAL CUSTOM VOL. ACCIDENTAL				HOODIP Part B (LTD)				DENTAL CARE			
DEPENDENT LIFE				DEP. CHILDREN VOL. LIFE															

C - BENEFITS SELECTION

Please see the explanation on reverse before completing this section.

☐ HOOGLIP (BASIC LIFE) — $5,000 or 2 x salary
☐ CUSTOM LIFE — 1x, 2x, 3x salary or other
☐ ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) - **See Note 1 on reverse**
☐ CUSTOM VOLUNTARY ACCIDENTAL - **See Note 1 on reverse:** ☐ Employee ☐ Spouse
☐ DEPENDENT LIFE (spouse, children): ☐ Basic ☐ Voluntary
☐ HOODIP - Part A (STD)
☐ HOODIP - Part B (LTD)
☐ CUSTOM LTD

Complete if you select HOOVLIP or MEMBER CUSTOM VOLUNTARY LIFE benefits.
In the last 12 months, have you used any form of tobacco, including electronic cigarettes or other tobacco substitutes?
Member: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No **The insurer must be informed of any change in this status.**

☐ HOOVLIP (VOLUNTARY LIFE) - **See Note 2 on reverse.**
EMPLOYEE: · under age 54: ☐ 1 x salary ☐ 2 x salary ☐ 3 x salary · age 55-59: ☐ 1 x salary ☐ 2 x salary · age 60-64: ☐ 1 x salary
SPOUSE: (25% or 50% of member's basic life)

☐ MEMBER CUSTOM VOLUNTARY LIFE **See Note 3 on reverse.**
EMPLOYEE: (Multiples of $10,000 or 1x, 2x or 3x salary)
SPOUSE: (Multiples of $10,000 or 25% or 50% of employee's voluntary life)

EXTENDED HEALTH CARE: ☐ Individual ☐ Family ☐ I do not require this benefit as it is currently provided for me under another group plan.
DENTAL CARE: ☐ Individual ☐ Family ☐ I do not require this benefit as it is currently provided for me under another group plan.

D - INFORMATIONS ON DEPENDENTS

Complete if you selected family coverage.

Spouse

Last name and first name	Sex	Date of birth YYYY MM DD
	☐ M ☐ F	

☐ Married
☐ Common-law spouse - Start date of cohabitation: YYYY MM DD - Has a child been born of this union? ☐ No ☐ Yes - Please add this child below.

Complete if covered under another plan	Health	Dental care	Name of insurance carrier	Contract no.
	☐ Individual ☐ Family	☐ Individual ☐ Familial		

Dependent children

Last name and first name	Sex M - F	Date of birth YYYY MM DD	Dependent's status: Full-time student 21 to 25 years*	Functional impairment	Complete if covered under another plan: Health	Dental care
			☐	☐	☐ Ind ☐ Fam	☐ Ind ☐ Fam
			☐	☐	☐ Ind ☐ Fam	☐ Ind ☐ Fam
			☐	☐	☐ Ind ☐ Fam	☐ Ind ☐ Fam

*** Age limits may vary. Please check your plan.**

E - DESIGNATION OF BENEFICIARY(IES)

See reverse for information on beneficiary designation.

Last name, first name	BASIC LIFE (HOOGLIP OR CUSTOM) AND AD&D	VOLUNTARY LIFE (HOOVLIP OR CUSTOM)	Relationship	%	Date of birth if minor YYYY MM DD	Please check
	☐	☐				☐ Revocable ☐ Irrevocable
	☐	☐				☐ Revocable ☐ Irrevocable
	☐	☐				☐ Revocable ☐ Irrevocable
	☐	☐				☐ Revocable ☐ Irrevocable

DESIGNATION OF A TRUSTEE (Important information on reverse)

Last and first names of trustee ______ Relationship ______

Address of trustee ______
No., street, apt. City Province Postal code

F - DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

I certify that all the information provided wherein is complete and true. I acknowledge that all the benefits offered in the contract are subject to the provisions for limitations or reductions as well as to the exclusions stipulated therein. I acknowledge that I have read and received a copy of the Personal Information Management section at the back of this form. In the event of death, I expressly authorize my beneficiary(ies), heir(s) or estate liquidator(s) to provide Desjardins Insurance or its reinsurers with all the information or authorizations deemed necessary to study the claim and obtain the required proofs. This authorization also applies to my minor children, insofar as applicable to this claim. I authorize Desjardins Insurance, its agents and service providers to collect, use and disclose information about me, my spouse or my dependents to any person or organization including the pharmacies, health care practitioners, institutions, investigative agencies or insurers for the purposes of underwriting, administration, optimal health management, auditing and paying claims. I authorize my employer to deduct the required premium contributions from my salary. A photocopy of this authorization is as valid as the original.

Signature of employee: **Signature of authorized person:** **Date:**

Please send the original to Desjardins Insurance and give a copy to the employee.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT NEW REQUEST

EXPLANATION OF SECTION C - BENEFITS SELECTION

1 The amount of ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) or MEMBER CUSTOM VOLUNTARY ACCIDENTAL INSURANCE for you and your spouse will be equal to the amount of HOOGLIP (BASIC LIFE) or MEMBER CUSTOM VOLUNTARY LIFE INSURANCE. For benefit maximums, please refer to your plan.

2 If you apply for HOOVLIP (VOLUNTARY LIFE) after 31 days of becoming eligible or for an amount exceeding $150,000, you must complete the Evidence of insurability form No. 200098A.

If you are enrolling in SPOUSAL VOLUNTARY LIFE, you must provide the required information about your spouse in section D.

3 MEMBER CUSTOM VOLUNTARY LIFE INSURANCE

If you apply for MEMBER CUSTOM VOLUNTARY LIFE INSURANCE after 31 days of becoming eligible or for an amount exceeding $30,000, you must complete the Evidence of insurability form No. 200098A.

The minimum amount of insurance is $10,000. You may select units of $10,000 to a maximum of $500,000 each for you and your spouse. The amounts chosen for you and your spouse do not have to be the same.

If you are enrolling in SPOUSAL VOLUNTARY LIFE, you must provide the required information about your spouse in section D.

IMPORTANT – The Evidence of insurability form (No. 200098A) must be received by the insurer within 45 days of your application. If the form is not received within this timeframe, your application for enrolment in the VOLUNTARY LIFE (HOOVLIP) or MEMBER CUSTOM VOLUNTARY LIFE INSURANCE will automatically be cancelled. A new request should be sent.

PERSONAL INFORMATION MANAGEMENT

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. Desjardins Insurance may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at Desjardins Insurance.

DESIGNATION OF BENEFICIARY(IES)

For the province of Québec: Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.

For all other provinces: This designation of beneficiary is REVOCABLE unless otherwise stipulated.

REVOCABLE: means that the designation of beneficiary can be changed without the beneficiary's consent.

IRREVOCABLE: means that the signature of the irrevocable beneficiary is mandatory to change the beneficiary.
The IRREVOCABLE designation of a minor cannot be changed until they reach the age of majority.

DESIGNATION OF A TRUSTEE – Does not apply in Québec.

For the province of Québec: The provisions of the Civil Code apply. DO NOT complete this section.
For all other provinces: Complete this section only if you have named a minor beneficiary.

The designated trustee on the reverse will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Insurance. Receipt of these funds by the trustee constitutes a discharge for Desjardins Insurance. A designation is valid until a new trustee is named or until the beneficiary will have reached the age of majority, whichever occurs first.