

- GROUP INSURANCE APPLICATION**
- MODIFICATIONS TO GROUP INSURANCE**
- REGISTRATION IN THE GROUP ADMINISTRATOR'S CENTRE**

Group No. <input style="width: 90%;" type="text"/>	Employer No. <input style="width: 90%;" type="text"/>	Class <input style="width: 90%;" type="text"/>	Identification No. (provided by the Insurer at the time of application) <input style="width: 98%;" type="text"/>
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## 1. INFORMATION ABOUT PARTICIPANT

Employer name		Employee No.	
Last name	First name	Date of birth (YYYY/MM/DD) <input style="width: 100%;" type="text"/>	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Language <input type="checkbox"/> French <input type="checkbox"/> English		No., street, apt.	City
Province	Postal Code <input style="width: 100%;" type="text"/>		
Email address <sup>1</sup>		Main phone <input style="width: 100%;" type="text"/>	Ext. <input style="width: 100%;" type="text"/>
Phone (other) <input style="width: 100%;" type="text"/>		Ext. <input style="width: 100%;" type="text"/>	
<b>Note 1:</b> By giving my email address, I consent to receiving only documents that concern my group insurance.			
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married or civil union <input type="checkbox"/> Common-law spouse <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Since (YYYY/MM/DD) <input style="width: 100%;" type="text"/>	
Employment date (YYYY/MM/DD) <input style="width: 100%;" type="text"/>	Eligibility date (YYYY/MM/DD) <input style="width: 100%;" type="text"/>	Status <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Other: _____	
Job title	Annual salary \$ _____	Work schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: _____% or _____ hours/week	

## 2. REASON FOR MODIFICATION

Reason: \_\_\_\_\_ Effective date of the event:

Marriage, divorce, civil union, dissolution of the civil union, adoption of a child, birth, death, etc.

## 3. COVERAGES

**IMPORTANT:** Mandatory coverages set out in the contract will automatically be granted. Please refer to the contract documents for coverages and provisions provided for under your group insurance contract.

- HEALTH INSURANCE (may include vision care)**  
 Coverage status<sup>2</sup>:  Individual  Family  Single-Parent  Couple  Exempt<sup>3</sup>
- DENTAL CARE INSURANCE**  
 Coverage status<sup>2</sup>:  Individual  Family  Single-Parent  Couple  Exempt<sup>3</sup>
- HEALTH SPENDING ACCOUNT (HSA)**  
 Coverage status<sup>2</sup>:  Individual  Family  Single-Parent  Couple
- PARTICIPANT'S BASIC LIFE INSURANCE (may include Accidental Death and Dismemberment)**
- DEPENDENT'S LIFE INSURANCE<sup>4</sup>**
- OPTIONAL LIFE INSURANCE<sup>5</sup>**  
 Participant: \$ \_\_\_\_\_  Spouse: \$ \_\_\_\_\_  Dependent children: \$ \_\_\_\_\_
- CRITICAL ILLNESS INSURANCE**  
 Participant  Spouse  Dependent children
- SHORT-TERM DISABILITY INSURANCE**
- LONG-TERM DISABILITY INSURANCE**

**Note 2:** Please refer to the contract documents for details of the available coverage status and the enrolment terms for each, if any. | **Note 3: IMPORTANT** – To be exempt from coverage under Health or Dental Care insurance, participants must provide the employer with proof of insurance under a group insurance plan offering similar benefits. | **Note 4:** When provided for in the contract, this benefit is mandatory when the participant holds a coverage status other than Individual for health care insurance, unless stipulated otherwise in the contract documents. | **Note 5:** These coverages are subject to the Insurer's approval of evidence of insurability. Please complete the *Declaration of Insurability* form and return it duly completed and signed.

**DIRECT DEPOSIT SERVICE FOR REIMBURSEMENT OF HEALTHCARE EXPENSES**

I authorize La Capitale to deposit my Health Insurance and/or Dental Care insurance benefits in my bank account. (Please complete the following bank information; no cheque specimen is required).

000005 1231 12345 123456	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Branch No. Institution No. Account No.	Branch No.	Institution No.	Account No.

