MACNAUGHTON & WARD
FINANCIAL SERVICES LTD.

# ENROLMENT FORM (Third-Party Administration)

## PLAN SPONSOR INFORMATION

| Employer / Company Name | | | | |
|---|---|---|---|---|
| | | | | |
| Group No.<br>ADD ☐ CHANGE ☐ DELETE ☐ | Division No. | Class | Certificate No. | Effective Date of Action (DD/MM/YY) |
| | | | | |
| Occupation | | | | Regular Hours / Week |
| | | | | |
| Salary Information | | | | |
| Earnings | Annually ☐ | Monthly ☐ | Bi-Weekly ☐ | Weekly ☐ / Hourly ☐ |

## PLAN MEMBER INFORMATION (Required for identification purposes)

| Last Name | First Name | Middle Initial |
|---|---|---|
| | | |
| Address | | City or Town |
| | | |

| Province | Postal Code | Date of Birth (DD/MM/YY) | Gender | | Language | |
|---|---|---|---|---|---|---|
| | | | Male ☐ | Female ☐ | English ☐ | French ☐ |

| Phone Number | Email Address |
|---|---|
| | |

## BENEFIT COVERAGE INFORMATION

| **Member Coverage Status** | | | | | | **Spousal Coordination of Benefit Status** | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Health | | | Dental | | | Health | | | Dental | | |
| Family ☐ | Single ☐ | Waive ☐ | Family ☐ | Single ☐ | Waive ☐ | Family ☐ | Single ☐ | N/A ☐ | Family ☐ | Single ☐ | N/A ☐ |

*For Quebec residents age 65 or over, select the senior ID code:*

**Member**: RAMQ ☐ Private ☐ Both ☐ | **Spouse**: RAMQ ☐ Private ☐ Both ☐

## DEPENDENT INFORMATION

**Spouse Information**

| Last Name | First Name | Date of Birth (DD/MM/YY) | Effective Date (DD/MM/YY) | Action Code Add/Change/Delete | Gender | |
|---|---|---|---|---|---|---|
| | | | | | Male | Female |

**Note**: For common-law or same sex spousal status, the couple must have been cohabitating as defined by the policy(ies) guideline for dependent eligibility. If common-law or same sex spouse, please provide date the co-habitation commenced (dd/mm/yy):

MACNAUGHTON & WARD
FINANCIAL SERVICES LTD.

## DEPENDENT INFORMATION (Continued)

**Children Information**

| Last Name | First Name | Date of Birth (DD/MM/YY) | Effective Date (DD/MM/YY) | Action Code Add/Change/Delete | Gender | |
|---|---|---|---|---|---|---|
| | | | | | Male | Female |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Relationship to member:** Child, Disabled or OverAge Dependent (If OverAge Dependent complete below)

## OVERAGE DEPENDENT INFORMATION (OAD)

| Last Name | First Name | Date of Birth (DD/MM/YY) | School Start Date (DD/MM/YY) | School End Date | School Name (Optional) |
|---|---|---|---|---|---|
| | | | | August 31/ _____ | |
| | | | | August 31/ _____ | |

**Note:** Coverage for OAD terminates on August 31st of each year therefore, the member must re-apply if the child re-enrolls the next school year

## SPOUSAL EXEMPTION

If you or your dependents are presently covered for Extended Health Care and/or Dental Care benefits under another group contract, you may refuse coverage for such benefit(s) under this contract by selecting the applicable box for each benefit. If you lose spousal coverage, you must apply for coverage within 31 days of the loss of such coverage.

| | | |
|---|---|---|
| I refuse coverage for myself and my dependents under: | Extended Health ☐ | Dental ☐ |
| I refuse coverage for my dependents under: | Extended Health ☐ | Dental ☐ |

| Name of Spouse's Benefit Carrier | Effective Date of Spouse's Benefit Coverage (DD/MM/YY) |
|---|---|
| | |

## BENEFICIARY DESIGNATION (for Life and/or AD&D Benefits)

The original of this form will be required for a life claim. If a beneficiary is not assigned, "Estate" will be assumed. Crossed out or corrected beneficiary designations must be initialed. Correction fluid cannot be used. Please print clearly, in Ink.

**Beneficiary(ies)**

| Last Name | First Name | Middle Initial | Percentage Allocated | Relationship to Plan Member |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL 100% | |

MACNAUGHTON & WARD
FINANCIAL SERVICES LTD.

**For Quebec Residents Only:** In Quebec, the designation of your spouse as beneficiary is Irrevocable unless you check the box marked "Revocable" below. If designation is irrevocable, the consent of the Beneficiary is required to change this designation.

***I hereby make the above beneficiary designation of my spouse:***

☐ **Revocable**, I may change this beneficiary designation at any time without the consent of the Beneficiary.

| **MINOR CLAUSE –** Trustee Designation for children under the age of majority | |
|---|---|
| Name of Trustee | Relationship with Member Insured |
| | |

If designating a beneficiary who is under the age of majority or who lacks legal capacity you may wish to appoint a trustee/administrator. This appointment may not be suitable for all purposes. If you are designating a trustee/administrator, we recommend you consult with a legal adviser, and with any proposed trustee/administrator.

**AUTHORIZATIONS AND DECLARATIONS:** *You must sign and date the form*

I am authorized to disclose information about my spouse and dependents in order to enroll them in the plan. By enrolling in this plan, I authorize the following:

- ☐ I designate the person(s) named above under Beneficiary Designation as my beneficiary;
- ☐ Macnaughton & Ward Financial Services Ltd. and its business partners including insurers and administrators, to collect, use and disclose relevant information about me to underwrite, administer, adjudicate and deposit claim payments;
- ☐ My plan sponsor to use the information collected in this form for benefits administration and to make any necessary payroll deductions which may be required; and
- ☐ Macnaughton & Ward Financial Services Ltd. and my plan sponsor 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 declare:

- ☐ That the information above is accurate and true;
- ☐ That I am covered under my Provincial Health Care Program.

*A photocopy or electronic version of this authorization is as valid as the original. A photocopy or electronic version of this form is not valid for recording beneficiary nominations. If the original copy of this enrollment form is not sent in to Macnaughton & Ward Financial Services Ltd. for filing, it is the responsibility of the plan sponsor to properly store and make the original (not photocopied, scanned or electronic) enrollment form available upon request.*

**Plan Member's Authorization**

| Signature of Plan Member | Print Name | Date Signed (DD/MM/YY) |
|---|---|---|
| | | |

**Plan Sponsor's Authorization**

| Signature of Plan Administrator | Print Name | Date Signed (DD/MM/YY) |
|---|---|---|
| | | |

**Please send the completed form to:**
By mail: Macnaughton & Ward Financial Services Ltd. 103 - 15225 104 Avenue, Surrey, BC V3R 6Y8
Or by e-mail: enrol@for-my-future.com Or by fax: 604.581.9142