

**EMPLOYEE BENEFIT PLAN ENROLLMENT FORM**

School Division Name: **Prairie Spirit # 206**

Group #: **0042**

Manulife Division #: **100**

Plan: **AZ**

EMPLOYEE NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Initial) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV \_\_\_\_\_ POST. CODE \_\_\_\_\_

**BIRTHDATE**    **HIRE DATE**    **EFFECTIVE DATE**  
 \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_    \_\_\_/\_\_\_/\_\_\_  
 dd / mm / yy    dd / mm / yy    dd / mm / yy

**Please indicate:**  
 New Enrollment  
 Information Change

Were you covered under the Saskatchewan School Boards Association Benefit Plan in the last 12 months Yes \_\_\_ No \_\_\_

OCCUPATION \_\_\_\_\_

SEX: *Male / Female*

SMOKER: *YES / NO*

ANNUAL EARNINGS \$ \_\_\_\_\_

DEPT / PAY TYPE \_\_\_\_\_ (max 2 digits) LANGUAGE: *ENGLISH / FRENCH / OTHER*

MARITAL STATUS *SINGLE / MARRIED / COMMONLAW / SEPARATED / DIVORCED / WIDOWED*

**FAMILY INFORMATION**

*This information is necessary if you carry dependent life, health, vision or dental coverage with this plan.*

| NAME (First, Initial, Last) | RELATIONSHIP  | DATE OF BIRTH (dd / mm / yy) | SEX (M / F) | EDUCATIONAL INSTITUTE (for dependent students age 21 to 25 years) |
|-----------------------------|---|------------------------------|-------------|---|
| _____                       | Spouse / Dependent Child / Dep. & Physically or Mentally Challenged | ___/___/___                  | ___         | _____   |
| _____                       | Spouse  | ___/___/___                  | ___         | _____   |
| _____                       | Child   | ___/___/___                  | ___         | _____   |
| _____                       | _____   | ___/___/___                  | ___         | _____   |
| _____                       | _____   | ___/___/___                  | ___         | _____   |

**BENEFICIARY INFORMATION**

| BENEFICIARY DESIGNATION (First, Initial, Last) This is a revocable appointment | RELATIONSHIP | Percentage |
|--|--------------|------------|
| _____  | _____        | _____%     |
| _____  | _____        | _____%     |

If you carry optional life insurance through this plan, the beneficiary will be the same as above unless otherwise specified. This will revoke all previous beneficiary appointments. If there is not enough room to name your beneficiaries, please complete **Beneficiary Change Form**.

**TRUSTEE / GUARDIAN (If Beneficiary is under 18 years of age, please complete the TRUSTEE / GUARDIAN information below)**

**COVERAGE INFORMATION**

**PLAN TYPE**

**CORE BENEFITS**

Life & Accidental Death & Dis.    **B**    Employee  
 Long Term Disability    **C**    Employee  
 Employee Family Assistance Plan

Single, Couple or Family must be based on actual family unit.

**Coordination of Benefits** - If you or your dependents are covered for similar health & dental benefits under another group plan please indicate **the coordinating Insurance Company Name/Plan #** on the applicable line corresponding to the associated benefit(s) listed below.

**GROUP BENEFITS**

**Please indicate family unit**

Extended Health    **B**    Single / Couple / Family / opt out \_\_\_\_\_  
 Vision    **B**    Single / Couple / Family / opt out \_\_\_\_\_  
 Dental Care    **C**    Single / Couple / Family / opt out \_\_\_\_\_

**INDIVIDUAL BENEFITS:** To purchase Optional Life, Optional Accidental Death & Dismemberment or Critical Illness, please see your plan administrator for forms

**Privacy Statement:** The Insurers and Saskatchewan School Boards Association are committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business. I hereby apply for insurance under the group policy issued to the Saskatchewan School Boards Association on behalf of the employing school division, subject to all the terms, conditions and provisions of said policy. I authorize the deduction from my pay of the required contribution, if any, toward the cost of the insurance. I have made my beneficiary designation and I reserve the right to change this designation at a later date.

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_ **DATE** \_\_\_\_\_

This certificate is valid only while the employee continues in good standing in accordance with the plan. Details of the benefits provided are set forth in the group insurance policy issued to the Saskatchewan School Boards Association, who will furnish information and claim advice upon receipt.