SASKATCHEWAN School Boards ASSOCIATION

EMPLOYEE BENEFIT PLAN ENROLLMENT FORM

School Division Name: **Prairie Spirit # 206** Group # : **206-1**

Manulife Division # : **103** Plan: **FJ**

EMPLOYEE NAME (Last) ______________________ (First) ______________________ (Initial) _____

ADDRESS ______________________ **CITY** ______________________ **PROV** ______ **POST. CODE** ___________

BIRTHDATE	HIRE DATE	EFFECTIVE DATE
___/___/___	___/___/___	___/___/___
dd / mm / yy	dd / mm / yy	dd / mm / yyy

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** Spouse / Dependent Child / Dep. & Physically or Mentally Challenged	**DATE OF BIRTH** (dd / mm / yy)	**SEX** (M / F)	**EDUCATIONAL INSTITUTE** (for dependent students age 21 to 25 years)
	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

CORE BENEFITS	**PLAN TYPE** A, B, C, D, E or N/A	
Life & Accidental Death & Dis.	**B**	Employee
Long Term Disability	**A**	Employee

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 / total opt out ______________________
Dental Care	**C**	Single / Couple / Family / total 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.

Original – Sask School Boards Association 1 copy - Employee 1 copy - School Division