GROUP ENROLMENT FORM

Throughout this form "Empire Life" means The Empire Life Insurance Company.

Reset Form

1. INFORMATION TO BE COMPLETED BY THE PLAN ADMINISTRATOR

Name of Employer/Division	Group number	Division	Certificate/payroll number

Departmental code (max 5 characters)	Occupation	Class

Date of hire (dd/mmm/yyyy)	Effective date of coverage (dd/mmm/yyyy)	Number of hours/week

Salary $	Salary amount is: ◯ Hourly ◯ Weekly ◯ Bi-weekly ◯ Annual	◯ Commission $	◯ Bonus $

Signature of Employer **X**	Date signed (dd/mmm/yyyy)

2. INFORMATION TO BE COMPLETED BY THE EMPLOYEE

Empire Life may use your email address and/or phone number to contact you for administrative purposes.

Employee first name	Last name	Date of birth (dd/mmm/yyyy)	Gender ◯ M ◯ F ◯ X

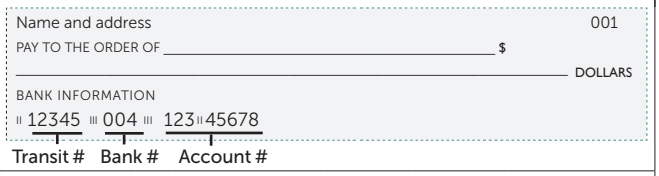
Address (number, street, apt.)	City	Province	Postal code

Email address	Phone number	Language ◯ E ◯ F	Do you have a spouse/partner? ◯ married ◯ single ◯ common-law

Provincial health coverage is required for the employee and all dependants.

Claim payments: ◯ **Deposit my Health, Dental and HCSA claim payments electronically to my bank account.**
Please attach a personalized void cheque in the name of the Employee or complete the banking information below:

Bank name		
Transit number	Bank number	Account number



Spouse/Child Information – Please list spouse and all children. If more space is required, attach a separate sheet.
Specify how many dependants are listed: ◯ **1** ◯ **2** ◯ **3** ◯ **4** ◯ **more** ◯ **none**

First name	Last name	Relationship (spouse, child)	Date of birth (dd/mmm/yy)	Sex (M/F/X)	Disabled child age 22 or older	Full-time student age 22 or older*
					◯ yes	◯ yes
					◯ yes	◯ yes
					◯ yes	◯ yes
					◯ yes	◯ yes

*Complete the information below for a full-time student age 22 or older, attending a post secondary institution:

First name	Last name

Term start date (dd/mmm/yyyy)	Term end date (dd/mmm/yyyy)	Post-secondary school name

If outside Canada or U.S., provide country name	Departure date (dd/mmm/yyyy)

Note: The student must be attending an accredited post secondary institution, on a full-time basis. If more than one student, attach a separate sheet.

Empire Life

3. WAIVER OR COORDINATION OF BENEFITS

Understanding your choice

- I acknowledge that I have been offered the benefits of my Employer's Group Insurance Plan with The Empire Life Insurance Company and benefits provided by this Plan have been fully explained to me.
- I am forfeiting (as indicated below) all my rights and privileges in respect to such benefits.
- I understand that if I apply for refused/waived coverage in the future, I may be required to provide evidence of insurability at my own expense.
- **If waiver is not selected, family coverage will be applied.**

Do you or any other member of your family have extended health or dental benefits with another plan? ◯ **yes** ◯ **no**

If yes, specify if other coverage is ◯ single coverage ◯ family coverage - Name of other Insurer _____

Waiver of benefits - If you or your dependants are presently covered for extended health and/or dental benefits under another plan, you may waive such benefits under this contract by selecting the applicable box for each benefit:

◯ I waive coverage for myself and my dependants under: ◯ Extended Health ◯ Dental

◯ I waive coverage for my dependants only under: ◯ Extended Health ◯ Dental

Name of other Insurer _____

Coordination of benefits - I wish to coordinate benefits coverage with my spouse's carrier **and** family coverage with Empire Life under:

◯ Extended Health ◯ Dental - Name of other Insurer _____

TOTAL REFUSAL OF ALL BENEFITS (non-mandatory plans only)

◯ **I waive all coverage for me and my dependants**

4. BENEFICIARY DESIGNATION (to be used only for benefits payable upon death of Insured Employee)

If more beneficiaries are to be listed, please list the names on a separate sheet and submit with the enrolment.

Minors: Death benefits will not be paid directly to a minor beneficiary. Outside Quebec, you should name a trustee for a minor beneficiary and any death benefits due to the beneficiary, while a minor, will be paid to the trustee on their behalf. In Quebec, death benefits due to a beneficiary, while a minor, will be paid to their parent(s) or legal guardian unless you have established a formal trust. After the beneficiary reaches the age of majority, any death benefits due to the beneficiary will be paid directly to the beneficiary unless you have established a formal trust and such trust is still in effect at the time the death benefit is due.

Primary Designations:

- If a beneficiary is not named, the death benefit will be paid to the Estate of the Employee.
- Percentages for all primary beneficiaries must total 100%.
- If you name more than one beneficiary and do not indicate a share percentage, the death benefits will be divided equally among all surviving beneficiaries.
- You may change this beneficiary designation at any time upon written notice to Empire Life.
- If you wish to make the beneficiary designation irrevocable (meaning you can not change the designation or make changes to your coverage under the plan without the written consent of the beneficiary), please complete the Beneficiary Designation and Authorization form

Note: Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the circle marked "revocable" below.
I hereby make the beneficiary designation: ◯ revocable - I may change this beneficiary designation at any time.

Primary Beneficiary(ies) - please specify how many primary beneficiaries are listed: ◯ 1 ◯ 2 ◯ more ◯ none

First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)
First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)

Contingent Beneficiary(ies) - please specify how many contingent beneficiaries are listed: ◯ 1 ◯ 2 ◯ more ◯ none

You may wish to designate a contingent beneficiary(ies) to receive any proceeds under this group policy, if all of the primary beneficiaries named, should die before you. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your Estate. Percentages for all contingent beneficiaries must total 100%.

First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)
First name	Middle initial	Last name	Relationship
Date of birth (if minor) (dd/mmm/yy)		Trustee name (required if beneficiary is a minor)	Share (%)

5. DECLARATION AND AUTHORIZATION

Collection, Use and Access to My Personal Information

I am applying for group benefits coverage with The Empire Life Insurance Company ("Empire Life") and understand that Empire Life needs personal information about me, my spouse, and my children (collectively "Dependants"), if applicable, relevant to this application and/or the administration of the group benefits plan ("Personal Information").

I confirm that I am authorized by my Dependants to disclose and receive their Personal Information, to act on behalf of my Dependants and to consent to this authorization on their behalf in relation to their Personal Information.

Collection:

I authorize Empire Life to collect Personal Information from any person or organization that has information relevant to this application and/or the group benefits plan, including but not limited to: my employer; health professionals and practitioners; plan administrators; advisors; reinsurers; government agencies; other insurance companies; and third party service providers.

Use:

I authorize authorize Empire Life to keep the Personal Information on file and use it for the purposes of administering my insurance.

Access/Disclosure:

I understand that:

- my Personal Information will be kept on file by Empire Life;
- access to my file is restricted to Empire Life employees, agents, representatives, third party service providers and other persons who require it to perform their duties, and to persons to whom I have granted access. Empire Life may store my personal information outside my province of residence but within Canada;
- Empire Life may also disclose my personal information to organizations outside my province of residence or outside Canada who process or store my personal information as part of their duties. Therefore, my personal information may be subject to the laws of other jurisdictions, which may allow disclosure to courts, law enforcement, or other government authorities of those jurisdictions under certain circumstances; and
- I am entitled to consult my file and, when applicable, have it corrected. To exercise my rights, I must send written notification to: Chief Privacy Officer, The Empire Life Insurance Company, 259 King Street East, Kingston, ON K7L 3A8.

More specific details regarding how Empire Life collects, uses, maintains and discloses my Personal Information can be found in Empire Life's Privacy Policy and Group Privacy Information Page, available at:
https://www.empire.ca/your-personal-information-and-your-privacy and **https://www.empire.ca/group-privacy-information**

I understand and agree that:

- The statements in this form is considered part of the application in consideration for the insurance applied for; and
- Any material misrepresentation or non-disclosure of information on this declaration may render my coverage voidable.

I certify that the information given in this document is full, true and complete.

I hereby apply for benefits for which I am or may become eligible, and authorize payroll deductions, if required.

A photocopy of electronic copy of this authorization will be valid as the original.

☐ **I would like to receive electronic messages about products and services from Empire Life that are appropriate to my changing coverage needs. I understand that I can unsubscribe at any time by clicking the link at the bottom of Empire Life emails.**

Employee signature **X**	Date signed (dd/mmm/yyyy)

Please return the completed form to:

Empire Life
Group Admin
259 King Street East,
Kingston, ON K7L 3A8
Fax: 1 888 841-9145
Email: group.administration@empire.ca