Les services à l'enfance
Grandir ensemble

Plan C
Enrolment Form

Group Insurance Plan - Desjardins Insurance – Policy no. 440303

1. To be filled out by the employer

Name of employer

Hire date (yyyy/mm/dd)	Eligibility date (*3 months after the hire date*)	Contract end date *(date coverage terminates)*

☐ New employee

☐ Reinstatement ID #_____

Comments

I hereby declare that the information is accurate and complete:

Signature of the employer _____ Date _____

2. Identification of the employee — INK and print lettering

Last name	First name	

Address	Personal phone no.

City	Province	Work phone no.

Postal code	Date of birth (yyyy/mm/dd)	Language preference	Sex
		☐ French ☐ English	☐ F ☐ M

3. Requested coverage and exemption

Health care ☐ Individual ☐ Family (mandatory for Quebec residents who are not covered under another plan)
Dental care ☐ Individual ☐ Family

☐ I waive the health care coverage because I am covered under my spouse's plan.
☐ I waive the dental care coverage because I am covered under my spouse's plan.

4. Information about the spouse and dependants

Is your spouse covered under their employer's health care and/or dental care benefits group plan?

☐ Yes If *yes*, please indicate the type of coverage and the insurer's name.
☐ No

Health care ☐ Individual ☐ Family
Dental care ☐ Individual ☐ Family Name of the insurer_____

Last name of spouse	**First name of spouse**	**Sex**	**Date of birth (yyyy/mm/dd)**
		☐ F ☐ M	

Last name of child	**First name of child**	**Sex**	**Date of birth (yyyy/mm/dd)**	***Child with a functional disability**	****Student** 22-26 years of age	**For children between 22 and 26 years of age, indicate the name of the school**
		☐ F ☐ M		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ F ☐ M		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ F ☐ M		☐ Yes ☐ No	☐ Yes ☐ No	
		☐ F ☐ M		☐ Yes ☐ No	☐ Yes ☐ No	

* Please fill out the form no.09296E entitled *Confirmation of a Dependent Child's Functional Impairment*

** **Student**: child between 22 and 26 years of age attending school full-time.

5. Designation of beneficiaries

Revocable beneficiary: means that the designation of the beneficiary or contingent beneficiary can be changed without the beneficiary's consent.

Irrevocable beneficiary: means that the designation of the beneficiary or contingent beneficiary MAY NOT be changed without the beneficiary's consent. The designation of a minor as IRREVOCABLE cannot be changed until the minor reaches the age of majority.

ALL PROVINCES (OTHER THAN QUEBEC)

- The designation of beneficiaries and contingent beneficiaries is **REVOCABLE.** If you want to make a designation irrevocable, you must fill out form no. 20007A entitled "Request for designation or change of beneficiaries, contingent beneficiaries or trustee".

PROVINCE OF QUEBEC

- The designation of a formally married or civil-union, spouse as a beneficiary or contingent beneficiary is **IRREVOCABLE** unless the following box is checked:

  ☐ **Revocable designation**, I can change this designation at any time

- The designation of any other person as a beneficiary or contingent beneficiary is REVOCABLE. If you would like to make their designation irrevocable, you must fill out form no. 20007A entitled "Request for designation or change of beneficiaries, contingent beneficiaries or trustee".

Beneficiaries

Last and first names	Last and first names	Last and first names
Last and first names	Last and first names	Last and first names
Last and first names	Last and first names	Last and first names
Last and first names	Last and first names	Last and first names

Contingent beneficiaries: Persons designated to receive the insured amount if the primary beneficiaries are deceased when they become payable

Last and first names	Last and first names	Last and first names
Last and first names	Last and first names	Last and first names

6. Designation of a trustee – **Does not apply in Quebec:** the provisions of the *Civil Code* apply, so you do not have to fill out this section

For all provinces other than Quebec: only fill out this section if you have designated a beneficiary who is a minor.

The designated trustee will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Insurance. Receipt of said amount by the trustee constitutes a discharge for Desjardins Insurance. A designation is valid until a new trustee is designated or until the beneficiary reaches the age of majority, whichever occurs first.

Last and first names of the trustee_____

7. Declaration and authorization for the collection and communication of personal information Guidelines for employees

I certify that all the information provided herein is complete and true. I acknowledge that all the benefits offered in the contract are subject to the provisions for limitations or reductions as well as to the exclusions stipulated therein. I acknowledge that I have read the information on this form and that I have received a copy thereof. In the event of death, I expressly authorize my beneficiary(ies), heir(s) or estate liquidator(s) to provide Desjardins Insurance or its reinsurers with all the information or authorizations deemed necessary to study the claim and obtain the required proofs. This authorization also applies to my minor children, insofar as applicable to this claim. I authorize Desjardins Insurance, its agents and service providers to collect, use and disclose information about me, my spouse or my dependants to any person or organization, including the pharmacies, health care practitioners, institutions, investigative agencies, or insurers for the purposes of underwriting, optimal health management, auditing and paying claims. I authorize my employer to deduct the required premium contributions from my salary. A photocopy of this authorization is as valid as the original.

I have read the Grandir ensemble guidelines for employees, and I agree to abide by them.

Signature of employee	Date

8. Management of personal information

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps that information on file so that you may benefit from the group insurance services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous, or not useful. To do so, you must send a written request to the following address Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Quebec, G6V 6R2. Desjardins Insurance may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at Desjardins Insurance.