

Group Enrolment

Blevins Administrative Services Inc.

30 Quarry Ridge Road Barrie, On. L4M 7G1

705-721-9890 / 1-800-565-2467

Purpose of Group Enrolment Form

The purpose of the group enrolment form for group insurance is to provide necessary information to obtain coverage and written confirmation that you wish to obtain coverage under the policyholder.

Employees must complete all shaded areas before returning form to Administrator. Incomplete forms will be returned. Please Print in ink.

Certificate # _____ Employee ID # _____

Employee Name

 First Last

Employee Address

 Street City Postal Code

Date of Birth _____ MM/DD/YY	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	I require Coverage for	
		Health <input type="checkbox"/> My self only <input type="checkbox"/> My self & dependents <input type="checkbox"/> Waived *	Dental <input type="checkbox"/> My self only <input type="checkbox"/> My self & dependents <input type="checkbox"/> Waived *
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Province of Residence _____		

Marital Status Single Married Common-Law Separated Divorced Widowed

* Coverage will be waived only if there is coverage elsewhere and the following information is supplied

Name of Insuring Company _____ Policy # _____

When enrolling for Family benefits, coverage for dependents will only be provided if information below is complete

Dependent Name First and Last (Please write clearly)	Gender M or F	Relationship to Insured	Date of Birth mm/dd/yy	Check below if there is any other coverage for		If dependent child is over age 21 are they a full time student	
				Health	Dental	Yes	No

Beneficiary Designation

Unless otherwise designated, the beneficiary appointment is "Revocable". If no beneficiary is designated, the beneficiary will be the Estate. If naming a minor as Beneficiary, request a Trustee Appointment form from your Plan Administrator. Without completion of that form the Insurer may hold proceeds until the minor reaches age of majority. For Province of Quebec Residents the appointment of a spouse as beneficiary is considered "Irrevocable" unless the word "Revocable" is actually written after the spouse's name.

_____ Full First and Last Name of Beneficiary _____ Percentage _____ Relationship to Insured _____

Declaration and Authorization for the Collection and Communication of Personal Information to Third Parties

I authorize Blevins Insurance Group and affiliated companies, strictly for the purposes of providing group insurance to;
 - collect from me and my employer only information deemed necessary to provide group insurance
 - communicate the said information only to organizations deemed necessary to provide and process my group insurance.
 I am applying for insurance coverage in accordance with the provisions and conditions of the Group Insurance Contract issued at the Policyholder's request. I authorize the policyholder to deduct from my earnings the required contribution for the insurance to which I am or may be entitled. I authorize the use of my social insurance number for group insurance identification purposes and as required by law, for income tax reporting.
 A copy of this authorization is as valid as the original.

_____ Date Signed _____
 Signature of Employee or Participant MM/DD/YY

Consent to Receive Information Regarding Other Blevins Offerings

From time to time, Blevins Insurance Group and its agents may wish to share information or offer services that may be of interest to you, such as individual financial planning. Please indicate below whether you wish to be contacted. This consent may be revoked at any time by contacting our office.

YES, please contact me with any information or offerings that may be of interest to me.
 My personal email address is: _____
 My home telephone number is _____

NO I do not wish to be contacted at this time

Section below is to be completed by Plan Administrator

Policy #	Policyholder/Employer		
Ref #	Division	Class	Dept/Cost Centre
Salary	Salary Basis <input type="checkbox"/> Annual <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	# of Hours Worked per Week	
Date of Hire MM/DD/YY	Date of Full-time Employ MM/DD/YY	Date Waiting Period Completed MM/DD/YY	Occupation

_____ Date Signed _____
 Signature of Plan Administrator MM/DD/YY