

Application for Retiree Benefits



Member Information

Member Name (first, initial, last)		Birth Date (yy/mm/dd)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address	City	Province	Postal Code
Home Telephone Number		Work Telephone Number	
Are you covered under the Manitoba Provincial Health Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		Provincial Health Number (six digits)	

Coverage Information

I hereby apply for insurance under Western Financial Group Insurance Solutions, subject to all terms, conditions and provisions of the policy, and authorize the necessary premium deductions from my earnings.

Coverage Designation (select only one)	<input type="checkbox"/> Single <input type="checkbox"/> Family		
Does your spouse have coverage elsewhere?	Health: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes: <input type="checkbox"/> Single <input type="checkbox"/> Family	If Yes: <input type="checkbox"/> Single <input type="checkbox"/> Family	
If Yes, Please indicate Policy Number	Insurance Company		

You may opt out of benefits for yourself and your dependents only if you are covered for similar benefits under your spouse's plan. To be eligible for Extended Health Care benefits, you and your dependents must be registered and covered through your applicable provincial health plan.

Family Information

Name of Dependent(s)	Birth Date (yy/mm/dd)	Sex	Relationship to Employee	Disabled*	Full Time Student*
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

*Please submit a Western Financial Group Insurance Solutions Over-age Dependent Coverage form for any child over age 21 who is a FULL-TIME STUDENT or DISABLED. Note: Legal court documents are required if your dependent has been adopted by you. Eligible dependents must not be living out-of-country.

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: www.westernfgis.ca

Employee Signature	Date
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Please complete reverse side.

Pre-Authorization Chequing

The bank specified below is authorized and requested to debit my account in accordance with this agreement for all premiums payable to Western Financial Group Insurance Solutions for my/our Insurance costs.

Bank or Financial Institution Information

Name of Bank or Financial Institution

Branch Address

City

Province

Postal Code

- Your treatment of each cheque or debit shall be the same as if I/we had personally issued a cheque.
- Delivery of this authorization to you constitutes delivery by me/us.
- This authorization can be cancelled by me/us at any time upon written notice.
- I/We will ensure that funds are available to cover the amount of withdrawal, as notified to me/us by Western Financial Group Insurance Solutions.
- \$10.00 service fee will be charged to each (P.A.C) returned for non-sufficient funds (NSF).

Please attach a void cheque and complete the following information which is found on the bottom of your cheque as per the sample below. This information is required to ensure funds are withdrawn from the correct account.

(1) Transit Number (5 Digits)

(2) Bank Number (3 Digits)

(3) Account Number (Various)

Sample

Name	_____	20	_____
Address	_____		
Pay to	_____		\$ _____
			_____/100 Dollars
Bank/Credit Union	_____		
(1)	(2)	(3)	
09267:	002:	638:194:02	
(Transit)	(Bank)	(Account Number)	_____

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Signature

Date Signed (yy/mm/dd)



Complete and send to:
Western Financial Group Insurance Solutions
201-600 Empress Street, Winnipeg, Manitoba R3G 0R5
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.
3300-AMME/08-2010