

Application for Group Benefits



Municipality Information

Municipality Name

Address

City

Province

Postal Code

Telephone Number

()

Fax Number

()

E-Mail Address

Contact Name

Contact Title

Description of Operation(s)

Effective Date (yy/mm/dd)

Is There Group Insurance Currently in Effect?

Yes No

Name of Carrier

Date of Termination (yy/mm/dd)

Firms with fewer than 5 employees must submit evidence of insurability for all employees and their eligible dependents.

Eligible Employees are:

- Full time employees (working at least 24 hours per week) employed on a permanent basis on or prior to the effective date of the policy;
- Full time employees (working at least 24 hours per week) employed on a permanent basis after the effective date of the policy who have a waiting period applied.

Number of Eligible Members

Number of Members Enrolling

ALL ELIGIBLE MEMBERS NOT ENROLLING MUST COMPLETE A WAIVER OF ALL COVERAGE FORM.

Benefit Options: Plan I Plan II Plan III

Waiting Period: 3 Months 6 Months

You will receive your monthly billing statement by e-mail.

Please provide up to two e-mail addresses:

E-mail #1

E-mail #2

Coverage Details

Please complete reverse side.

Bank or Financial Institution Information

In order to bind coverage this section **must** be completed and all required payment information is to be enclosed.

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 This information is required to ensure funds are withdrawn from the correct account.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)

Binding Coverage

Enclosed binder cheque amount \$ _____.

* **Binder cheque and PAC information must be enclosed to avoid any delays in claims processing.**

Certification and Authorization

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

Sales Representative

Date (yy/mm/dd)

Signature and Title of Authorized Official

Date (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.
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