

# Application for Group 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.

## This Section to be Completed by Employer

Name of Group	Date of Hire (yy/mm/dd)
Occupation	Hours Worked Per Week* _____
*All employees working less than 24 hours/week or less than 9 months out of the year are ineligible.	
I hereby certify this employee meets the contractual requirements of being an eligible employee	
Employer Signature	Date

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](http://www.privcom.gc.ca)). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our website: [www.westernfgis.ca](http://www.westernfgis.ca)

Employee Signature	Date
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Group Insurance Solutions

Complete and send to:

Western Financial Group Insurance Solutions

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Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.

3200-AMME/10-2012