

GroupBenefitz™

Record of Enrollment

ADDENDUM

Full Name		Company Name	Date of Hire
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email	Phone Number	Job Title	Hours per week worked
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	<input type="checkbox"/> I confirm that I am actively working 20+ hours to meet eligibility.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> I confirm that I have provincial health coverage in my province of residence.	

MAILING ADDRESS

Street Address		Street Address Line 2	
<input type="text"/>		<input type="text"/>	
Apt./Suite Number	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DEPENDENTS									
Type	First Name	Last Name	Gender	Date of Birth	Coverage with another plan	Carrier	Post secondary Student	Graduation Day	Special Needs
<input type="text"/>									

PLANS PAID BY COMPANY 100%					
Name	Details	Amount	(Company + Employee)	Tax	Total
<input type="text"/>					

PLANS PARTIALLY PAID BY COMPANY (Difference ie. employee share with payroll deduction)					
Name	Details	Amount	(Company + Employee)	Tax	Total
<input type="text"/>					

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VOLUNTARY BENEFITS PAID BY EMPLOYEE					
Name	Details	Amount	(Company + Employee)	Tax	Total

☐ I have read and agreed to the terms & conditions.

☐ I have read and agreed to the advisor disclosure.

Payment Method

Date of Enrollment

Your Advisor's Name

Member Signature

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