

# GroupBenefitz™

## Record of Enrollment

MEMBER INFORMATION

Full Name

Email

Date of Birth

Phone Number

Gender

ELIGIBILITY

Company Name

Date of Hire

Job Title

Hours per week worked

☐ I confirm that I am actively working 20+ hours to meet eligibility.

☐ I confirm that I have provincial health coverage in my province of residence.

MAILING ADDRESS

Street Address

Apt./Suite Number

City

Street Address Line 2

Province

Postal Code

DEPENDENTS

Type	First Name	Last Name	Gender	Date of Birth	Coverage with another plan	Carrier	Post secondary Student	Graduation Day	Special Needs

SELECTED PLANS

Plan	Type	Monthly Premium	Tax	Total

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

☐ I have read and agreed to the advisor disclosure.

Date of Enrollment

Member Signature

The GroupBenefitz™ Platform Inc.  
1000 Innovation Drive, Suite 585, Kanata, ON, K2K 3E7

# GroupBenefitz™

## Record of Enrollment

MEMBER INFORMATION

Full Name

Email

Phone Number

Date of Birth

Gender

ELIGIBILITY

Company Name

Date of Hire

Job Title

Hours per week worked

☐ I confirm that I am actively working 20+ hours to meet eligibility.

☐ I confirm that I have provincial health coverage in my province of residence.

MAILING ADDRESS

Street Address

Apt./Suite Number

City

Street Address Line 2

Province

Postal Code

DEPENDENTS

Type	First Name	Last Name	Gender	Date of Birth	Coverage with another plan	Carrier	Post secondary Student	Graduation Day	Special Needs

SELECTED PLANS

Plan	Type	Monthly Premium	Tax	Total

Date of Enrollment

Member Signature

# GroupBenefitz™

## Record of Enrollment

### ADDENDUM

SELECTED PLANS				
Plan	Type	Monthly Premium	Tax	Total

# GroupBenefitz™

## Record of Enrollment

### ADDENDUM

DEPENDENTS									
Type	First Name	Last Name	Gender	Date of Birth	Coverage with another plan	Carrier	Post secondary Student	Graduation Day	Special Needs

# GroupBenefitz™

## Record of Enrollment

### ADDENDUM

DEPENDENTS									
Type	First Name	Last Name	Gender	Date of Birth	Coverage with another plan	Carrier	Post secondary Student	Graduation Day	Special Needs

SELECTED PLANS				
Plan	Type	Monthly Premium	Tax	Total