			ADDI	ENDUM			
Full Name				Company Name		Date of Hire	
Email		Phone Number		Job Title		Hours per week wo	ked
Date of Birth		Gender		I confirm that I am	n actively workir	ng 20+ hours to mee	eligibility.
				I confirm that I ha province of reside	ive provincial he nce.	alth coverage in my	
MAILING ADDRESS Street Address				Street Address Line 2			
Apt./Suite Number		City		Province		Postal Code	
				NDENTS Coverage with	Post seco	ndarv	
Type First Name	Last Name	Gender	Date of Birth	another plan Carrier	Stude	nt Graduation Day	Special Needs
Water			NS PAID BY	COMPANY 1009		urband	
Name		Details		Amount	(Company + Er	nployee) Tax	Total
		(Differen		PAID BY COMP share with payroll deduct	ion)		
Name		Details		Amount	(Company + Er	nployee) Tax	Total

VOLUNTARY BENEFITS PAID BY EMPLOYEE									
Name	Details	Amount	(Company + Employee)	Tax	Total				
I have read and agreed to the terms &	I have read and agreed to the advisor disclosure.								
		- · · · · · · · · · · · · · · · · · · ·							
Payment Method		Date of Enrollment							
Your Advisor's Name		Member Signature							
Today, (avisor 5 marrie		Member Signature							

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		ADDENDLIM			
	,	ADDENDOM			
	PLANS PAII	D BY COMPANY 100%	6		
Name	VOLUNTARY BENEFITS PAID BY EMPLOYEE	ompany + Employee)	Tax	Total	
	DI ANS DADTIA	ALLY DAID BY COMPA	ANV		
	(Difference ie. empl	loyee share with payroll deduction	on)		
Name	Details	Amount	(Company + Employee)	Tax	Total
	VOLUNTARY BEN	NEFITS PAID BY EMPI	LOYEE		
Name			(Company + Employee)	Tax	Total

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

		A	DDENDUM			
		DE	PENDENTS			
Type First Name	Last Name	Gender Date of Birth	Coverage with another plan Carrier	Post secondary Student C	Graduation Day Specia	ial Need
		PLANS PAID	BY COMPANY 10	0%		
Name		Details	Amount	(Company + Employee)	Tax To	otal [
		PLANS PARTIA	LLY PAID BY COM	PANY		
Name		(Difference ie. emplo _{Details}	yee share with payroll dedu Amount	ıction) (Company + Employee)	Tax To	otal
	\	OLUNTARY BEN	EFITS PAID BY EM	IPLOYEE		
Name		Details	Amount	(Company + Employee)	Tax T	rotal .