Desjardins Insurance
LIFE • HEALTH • RETIREMENT

C. P. 3000
Lévis (Québec) G6V 9X8
www.desjardinslifeinsurance.com

GROUP INSURANCE - CONTRACT ADMINISTRATION

APPLICATION FOR ENROLMENT

OPTIONAL BENEFITS

☐ New application ☐ Reinstatement

A - IDENTIFICATION – Please print

Name of policyholder	Group number	Division number	Certificate number

Last name of member	First name	Date of birth (YYYY MM DD)	Sex	Language
			☐ M ☐ F	☐ English ☐ French

Address - No., street, apt.	City	Province	Postal code

Annual salary	Class	Date employed on a full-time basis (YYYY MM DD)	Eligibility date (YYYY MM DD)	Number of hours worked per week

Present occupation

D - OPTIONAL BENEFITS

- **Please check the provisions under your plan.**
- **For each benefit, indicate the coverage you want.**
- **You must complete the Evidence of Insurability form no. 20009A if you select the Optional life benefit**

☐ **OPTIONAL LIFE** Have you used tobacco in any form during the last 12 months?

Member: ☐ Yes ☐ No Spouse: ☐ Yes ☐ No The insurer must be informed of any change in this status.

☐ MEMBER	☐ SPOUSE	☐ EACH CHILD
_____ No. of times the annual salary		
OR _____ No. of units of $ _____	_____ No. of units of $ _____	_____ No. of units of $ _____
OR $ _____ Fixed amount	OR $ _____ Fixed amount	OR $ _____ Fixed amount

☐ **OPTIONAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)**

☐ MEMBER	☐ SPOUSE	☐ EACH CHILD
_____ No. of times the annual salary		
OR _____ No. of units of $ _____	_____ No. of units of $ _____	_____ No. of units of $ _____
OR $ _____ Fixed amount	OR $ _____ Fixed amount	OR $ _____ Fixed amount

( ) AD&D – Individual Plan – covers employee's life

( ) AD&D – Family Plan - covers employee's life and portion of spouse/child life:

Spouse Only=50%; Spouse/Child=40% spouse, 10% each child; Child Only=10% each child

E - DESIGNATION OF BENEFICIARY(IES) – Please read sections H ~~and I~~ before completing this section.

Last name, first name	Relationship	%	Date of birth if minor (YYYY MM DD)	Please check
				☐ Revocable ☐ Irrevocable
				☐ Revocable ☐ Irrevocable
				☐ Revocable ☐ Irrevocable
				☐ Revocable ☐ Irrevocable

DESIGNATION OF A TRUSTEE ~~(Important information in section I)~~

For the province of Québec: The provisions of the Civil Code apply. DO NOT complete this section.
For all other provinces: Complete this section only if you have named a minor beneficiary.

Last and first names of trustee _____ Relationship _____

Address of trustee _____
No., street, apt. City Province Postal code

F - DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

I certify that all the information provided herein is complete and true. I acknowledge that all the benefits offered in the contract are subject to the provisions for limitations or reductions as well as to the exclusions stipulated therein. I acknowledge that I have read and received a copy of the Personal Information Management section at the back of this form. In the event of death, I expressly authorize my beneficiary(ies), heir(s) or estate liquidator(s) to provide Desjardins Financial Security Life Assurance Company or its reinsurers with all the information or authorizations deemed necessary to study the claim and obtain the required proofs. This authorization also applies to my minor children, insofar as applicable to this claim. I authorize my employer to deduct the required premium contributions from my salary. A photocopy of this authorization is as valid as the original.

Signature of member **Date**

G - PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Financial Security Life Assurance Company, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. DFS may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

H - DESIGNATION OF BENEFICIARY(IES)

For the province of Québec	Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.
For all other provinces	This designation of beneficiary is REVOCABLE unless otherwise stipulated.
REVOCABLE:	means that the designation of beneficiary can be changed without the beneficiary's consent.
IRREVOCABLE:	means that the signature of the irrevocable beneficiary is mandatory to change the beneficiary. The IRREVOCABLE designation of a minor cannot be changed until they reach the age of majority.