



ENROLLMENT APPLICATION FOR GROUP BENEFITS

| EMPLOYERS | /PLAN ADMINI | STRATORS | S — Р | lease comple | te Part 1 of tl | his applica | Parts 3 to 6, if application and only complete to the complete | te Part 6, Section | | |
|--|---|--|-----------------|---|---|--|--|---|--|--|
| as possible. | ete form electro | nically or pr | Int CIE | early in link. | sign, date and | a submit y | our application to yo | ur Employer or Pl | an Administrator | |
| New member | Reinstatement | | | | | | | | | |
| PART 1 — EMF | PLOYER/PLAN | I ADMINIS | TRA | TOR | | | | | | |
| olicy number | | Name of company/organization | | | | | Member ID number | | | |
| ktended Health Care effective date (mm-dd-yyyy | | Dental Care effective date (mm-dd-yyyy) | | Life and Disability effective date (mm-dd-yyyy) | | e (mm-dd-yyyy) Oth | Other benefit effective date (mm-dd-yyyy) | | | |
| vision | | Sub-division (if applicable) Class | | Section ID (if applicable) | | Pla | Plan Code (if applicable) | | | |
| mber's occupation | | | | | Employment typ | | ne □ Retired □ Hour | hank □ Other: | | |
| ayroll number (if applicable) | | Date of full-time hire or rehire (mm-dd-yyyy) | | | Member salary | | | | | |
| | | | | | \$ | □Hourly | / □Weekly□Biweekly | ☐ Monthly ☐ Annu | ally | |
| | | | | | | nal childre | n in Part 3 Additi | onal Information | 1 | |
| Please list all you LEGAL | r dependents e | ven if you a | re wa | LAST | e. BIRTHDATE | | RELATIONSHIF | FULL TIME | DISABLED | |
| Please list all you LEGAL FIRST NAME | r dependents e | ven if you a | re wa | LAST | e. | SEX | RELATIONSHIF TO YOU | FULL TIME STUDENT* | | |
| Please list all you LEGAL FIRST NAME | r dependents e | ven if you a | re wa | LAST | e. BIRTHDATE | SEX | RELATIONSHIF | FULL TIME STUDENT* | DISABLED DEPENDENT* | |
| LEGAL FIRST NAME puse | r dependents e | ven if you a | re wa | LAST | e. BIRTHDATE | SEX | RELATIONSHIF TO YOU | FULL TIME STUDENT* | DISABLED DEPENDEN™ □Yes□No | |
| LEGAL FIRST NAME puse st child | r dependents e | ven if you a | re wa | LAST | e. BIRTHDATE | SEX | RELATIONSHIF TO YOU | FULL TIME STUDENT* ed Yes \(\text{No} \) | DISABLED DEPENDENT* | |
| Please list all you LEGAL | r dependents e | ven if you a | re wa | LAST | e. BIRTHDATE | SEX | RELATIONSHIF TO YOU | FULL TIME STUDENT* ed Yes No Yes No | DISABLED DEPENDENT* Yes No Yes No Yes No | |
| LEGAL FIRST NAME ouse st child cond child ird child urth child | PREFERRE NAME | MIDDLE INITIAL | re wa | LAST NAME | e. BIRTHDATE MM DD YYYY | SEX | RELATIONSHIF TO YOU | FULL TIME STUDENT* ed Yes No Yes No Yes No | DISABLED DEPENDENT* Yes No Yes No Yes No | |
| LEGAL FIRST NAME ouse st child cond child ird child complete this see | PREFERRE NAME | MIDDLE INITIAL | re wa | LAST NAME | BIRTHDATE MM DD YYYY and in your Gro | SEX M F M F M F M F M F | RELATIONSHIF TO YOU | FULL TIME STUDENT* ed Yes No Yes No Yes No Yes No | DISABLED DEPENDENT* Yes No Yes No Yes No Yes No | |
| LEGAL FIRST NAME Duse St child cond child arth child Complete this see if you have a child ease advise on the condesser and the condesser advise on the condesser advise | PREFERRE NAME ction if child is of with a disability the following: 1. | ven if you and MIDDLE INITIAL ver the max, provide a colls the depe | kimum opy of | LAST NAME | BIRTHDATE MM DD YYYY ad in your Groapproval decisependent on | SEX M F M F M F M F M F Dup Benefit sion from C yuwes N | RELATIONSHIF TO YOU Common-Law Marr | FULL TIME STUDENT* ed Yes No Yes No Yes No Yes No Hing school full-tingur disability tax cree | DISABLED DEPENDENT* Yes No Yes No Yes No Yes No One. Odit certificate applications of the content of the content of the content of the certificate applications | |
| LEGAL FIRST NAME Duse St child cond child ard child Complete this see If you have a child ease advise on the light of the dependent | PREFERRE NAME ction if child is of with a disability the following: 1. at married, or ha | ven if you and MIDDLE INITIAL ver the max of provide a collision of the depension of the d | kimum opy of | LAST NAME | BIRTHDATE MM DD YYYY ad in your Groapproval decisependent on | SEX M F M F M F M F M F Dup Benefit sion from C yuwes N | RELATIONSHIF TO YOU Common-Law Marr t Contract and attended the CRA in response to you | FULL TIME STUDENT* ed Yes No Yes No Yes No Yes No Hing school full-tingur disability tax cree | DISABLED DEPENDENT* Yes No Yes No Yes No Yes No One. Odit certificate applications of the content of the content of the content of the certificate applications | |
| LEGAL FIRST NAME ouse st child cond child ird child urth child Complete this see If you have a child | PREFERRE NAME ction if child is of with a disability the following: 1. at married, or ha | ven if you and MIDDLE INITIAL ver the max of provide a collision of the depension of the d | kimum opy of | LAST NAME | BIRTHDATE MM DD YYYY ad in your Groapproval decisependent on | SEX M F M F M F M F M F Dup Benefit sion from C yuwes N | RELATIONSHIF TO YOU Common-Law Marr t Contract and attended the CRA in response to you | FULL TIME STUDENT* ed Yes No Yes No Yes No Yes No Hing school full-tingur disability tax cree | DISABLED DEPENDENT* Yes No Yes No Yes No Yes No One. Odit certificate applications of the content of the content of the content of the certificate applications | |

0451.001—30-20-200 03/18 CUPE 1816 1 of 2

ID or certificate number

If you or any of your dependents have coverage under another plan, please indicate the following:

Group Policy Number

Sinon A hradnin@sfu.ca

Name of Insurance company

