ENROLMENT OR CHANGE FORM

**Please complete this form to enrol a new plan member for benefits
OR to update an existing plan member's information.**

gsc green shield canada

PLEASE PRINT CLEARLY

SECTION 1 TO BE COMPLETED BY THE PLAN ADMINISTRATOR				
PLAN SPONSOR INFORMATION	**Name of Plan Sponsor**	**Contract Reference Code**	**Billing Division**	**Package/Class**

NOTIFICATION Please check the appropriate box and also be sure to provide the effective date AND the Green Shield Canada (GSC) ID number for existing plan members.	☐New Employee ☐Rehire ☐Terminate ☐Add Dependents ☐Terminate Dependents ☐Address Change ☐Coordination of Benefits (COB) Change ☐Other _____	**Effective Date**____/____/____ YEAR MONTH DAY **Date of Hire**____/____/____ YEAR MONTH DAY Does a waiting period apply to this application? (e.g. 3 months) ☐No ☐Yes _____	**GSC ID Number** **Additional Comments**

SECTION 2 TO BE COMPLETED BY THE PLAN MEMBER			
PLAN MEMBER INFORMATION	**Surname**	**First Name and Middle Initial**	**Preferred First Name**
	Address		**Gender** ☐M ☐F ☐_____
	City / **Province**	**Postal Code** / **Date of Birth** ____/____/____ YEAR MONTH DAY	**Preferred Language** ☐English ☐French
	Email Address	**Employment Status** ☐Active ☐Retiree / **Marital Status** ☐Single ☐Married ☐Common Law	**Employee Number**

COVERAGE INFORMATION Please be sure to complete your spouse's insurance carrier information, if applicable, for COB purposes.	**Coverage with GSC:** Please indicate the type of coverage you are applying for with GSC. You may refuse coverage ONLY if you are covered by your spouse's insurance carrier. Health ☐Yes ☐No Dental ☐Yes ☐No	**Spousal Coverage:** Spouse's Insurance Carrier: _____ Plan/Contract Number: _____ Please indicate the type of coverage under your spouse's plan: Health ☐Yes ☐No Dental ☐Yes ☐No **See COB section below**

COORDINATION OF BENEFITS	**If your spouse has other benefit coverage,** claims will be paid according to Industry standards: First, your spouse must submit claims to their benefit plan (this is your spouse's primary benefit plan). Next, submit the unpaid portion to your GSC plan (this is your spouse's secondary plan). **Your children's claims:** First, submit your children's claims to the plan of the parent whose birthday falls earliest in the year regardless of the year of birth. (That's the primary plan.) Next, submit the unpaid portion to the other parent's plan (the secondary plan). In situations of separation or divorce, the following order applies when determining which of the adults are responsible for the coverage of the children: (1) the plan of the parent with custody of the child (3) the plan of the parent not having custody of the child (2) the plan of the spouse of the parent with custody of the child (4) the plan of the spouse of the parent not having custody of the child **Please indicate with an "S" below if your child is secondary with GSC.**

DEPENDENT INFORMATION For additional dependents, please attach another form, completing only the Dependent Information section.		**Surname**	**First Name**	**Date of Birth**	**Gender**	**Full Time Student**	**Disabled Dependent**	**Secondary with GSC "S"**
	Spouse			____/____/____ YEAR MONTH DAY	☐Male ☐Female ☐_____			
	Child			____/____/____ YEAR MONTH DAY	☐Male ☐Female ☐_____	☐Yes	☐Yes	
	Child			____/____/____ YEAR MONTH DAY	☐Male ☐Female ☐_____	☐Yes	☐Yes	
	Child			____/____/____ YEAR MONTH DAY	☐Male ☐Female ☐_____	☐Yes	☐Yes	

AUTHORIZATION For further information on our privacy policies and procedures, please refer to our website at greenshield.ca.	By signing this enrolment form or providing my personal information to my employer, I confirm that the information is complete and accurate to the best of my knowledge. I am authorized to release information concerning my spouse and my dependents, for purposes of determining eligibility for benefits and any other services necessary in the administration of my benefits. I certify that I am authorized by my spouse and/or dependents to disclose and receive information about them that is used for these purposes. I agree that GSC may share the personal information with a third party for the administration of benefits for myself and my dependents. I agree that GSC may use my email address, if provided, to correspond with me for benefit purposes. (Note that we do not use email addresses for solicitation purposes.) Plan Member's Signature_____ Date _____ Plan Administrator's Signature_____ Date _____

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