



THE UNITED CHURCH OF CANADA PENSION AND GROUP BENEFITS PLANS ENROLMENT, LIFE EVENT AND DECLARATION OF DEPENDENTS FORM

Membership in the Pension and Group Benefits Plan is mandatory for all employees who work 14 or more hours per week. Forms must be completed and returned to the Benefits Centre within 60 days of enrolment or life event.

The United Church of Canada Group Benefits Plan is composed of core and optional benefits. Details about coverage options are available at <https://www.united-church>. To add dependents to the core plan or elect optional coverage for the member or dependents, complete each step of this form and return to the address noted above. Changes to the Benefits Plan are only allowed when a life event has occurred.

For new enrolments, complete the full form. For change of information, such as changes to spouse, dependent and beneficiary designations, complete Section 1, 3, 5 and the Group Insurance Beneficiary Designation Form and Pension Plan Spouse Declaration and Beneficiary Designation Form. Designation of a beneficiary will not be revoked or automatically changed by any future event (including marriage or divorce) unless required by law or regulation. Subject to applicable legislation, while an active member, the Pension and Group Benefits Plan will follow the last filed and signed Beneficiary Designation Form.

New Enrolment Change of Information

STEP 1 - MEMBER INFORMATION					
MEMBER NAME (LAST, FIRST)			EMPLOYEE ID		
SIN	DATE OF BIRTH (mm/dd/yyyy)		GENDER		
ADDRESS					
EMAIL				TELEPHONE	
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated* <input type="checkbox"/> Divorced *					
DATE OF SEPARATION (mm/dd/yyyy) (If Applicable)			DATE OF DIVORCE (mm/dd/yyyy) (If Applicable)		
*If you are separated or divorced while a member of the Pension Plan, you must provide a copy of your divorce/separation agreement as it details the division of pension entitlement.					
STEP 2 - LIFE EVENT					
TYPE OF LIFE EVENT (Refer to Benefits for Active Members Booklet, Change in Status Section)				EFFECTIVE DATE (mm/dd/yyyy)	
STEP 3- DECLARATION OF DEPENDENTS					
Spouse and/or eligible children must be declared below. If there are more than five dependents, attach a separate sheet with the applicable information.					
Dependent's Name (last, first)	Gender	Date of birth (mm/dd/yyyy)	Relationship	Check applicable box if child is 18 or older	Check box below if dependent is covered under another plan
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
		/ /	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>

Member Initials: _____



MEMBER NAME		EMPLOYEE ID	
STEP 4 – NON-SMOKER/SMOKER DECLARATION			
Indicate by initialing the appropriate box:			MEMBER
I certify, as a true fact, that I and/or my spouse <u>have used</u> tobacco products in the 12 month period immediately preceding the date written in Step 6.			
I certify, as a true fact, that I and/or my spouse <u>have not used</u> tobacco products in the 12 month period immediately preceding the date written in Step 6.			
STEP 5 – ELECTION OF OPTIONAL PLAN			
I elect to participate in the Optional Group Insurance plans as follows:			
Optional Health and Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Member Optional Life ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Units of \$10,000 to a maximum of \$500,000 \$	I am a <input type="checkbox"/> Non Smoker <input type="checkbox"/> Smoker
Spouse / Common-Law Partner Optional Life ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Units of \$10,000 to a maximum of \$150,000 \$	Spouse is a <input type="checkbox"/> Non Smoker <input type="checkbox"/> Smoker
Optional AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Units of \$10,000 to a maximum of \$250,000	
Note: 1. If applying for, or increasing member optional life in excess of \$100,000, an Evidence of Insurability form must be completed and submitted to Insurer for approval. Contact the Benefit Centre for this form. 2. If applying for, or increasing optional life coverage for a spouse/common-law partner in excess of \$10,000, an Evidence of Insurability form must be completed and submitted to Insurer for approval. Contact the Benefit Centre for this form.			
STEP 6 – MEMBER AUTHORIZATION			
I understand that I have the right to change this information at any time by completing another form and filing with the Benefits Centre, subject to the provisions of any applicable law or regulation. I certify that the information on this form is true and complete.			
MEMBER SIGNATURE			DATE (mm/dd/yyyy)

Privacy Statement: The Plans will collect, maintain and communicate only the personal information considered necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons or organizations (The United Church, health professionals, institutions, investigate agencies, insurers, re-insurers, legal counsel, actuaries, etc.) in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefits Centre.