THE Great-West Life ASSURANCE COMPANY

WELCOME PLAN MEMBER APPLICATION

Great-West Life your Benefits Solutions People

TO BE COMPLETED BY GROUP OFFICE/RESOURCE CENTRE

To: *(Check one)* ☐ Group Policy Service, Head Office, 4N ☐ Member Administration, Head Office, 4S

Submitted By: ______________________________

Phone Number: ______________________________

Office Location: ______________________________

HEAD OFFICE USE ONLY

Certificate Number: ____________

Effective Date: ____________

Benefit Class: ____________

Admin. Class: ____________

Division Number: ____________

TO BE COMPLETED BY PLAN ADMINISTRATOR

Plan Sponsor Name: ______________________________

Plan Sponsor Mailing Address: ______________________________

Base Plan Policy Number: ______________________________

Existing Division Number: ____________ Existing Plan Member ID: ____________

Date of Full-Time Employment: Month ________ Day ________ Year ________

Province of Residence: ____________ Province of Employment: ____________

PLAN MEMBER INFORMATION

Full Name (print): ______________________________ Gender: ☐ Male ☐ Female

Last First

Address: ______________________________

Birthdate: Month ________ Day ________ Year ________ Language: ☐ English ☐ French

Date of Arrival in Canada: ______________________________

Does plan member require Welcome Plan coverage? ☐ Yes ☐ No

DEPENDANT INFORMATION

Coverage is required for the following family members. If more space is required, attach additional page.

First Name and Initial	Last Name (if different)	Gender	Birthdate (mm/dd/yy)	Relationship	Date of Arrival in Canada
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			
		☐ M ☐ F			

PLEASE SEE OVER

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AUTHORIZATIONS AND DECLARATIONS

Protecting Your Personal Information
At **The Great-West Life Assurance Company (Great-West Life)**, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. We use the personal information to determine your eligibility for coverage and to administer the group benefits plan.

Authorizations and Declarations Section:

I hereby apply for coverage under the group benefits plan issued by Great-West Life.

I authorize:

- my plan sponsor to deduct from my pay and remit to Great-West Life the plan member contributions required under the plan, if applicable;
- Great-West Life to use my social insurance number for tax reporting purposes and as an identification number where it is required in the administration of the plan;
- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

I agree that a photocopy or electronic copy of this Authorizations and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

For Quebec Applicants: I request that this form be in English.
Je demande que ce formulaire me soit remis en anglais.

Plan Member Signature: ______________________________

Date: ______________________________