Employee Enrollment

TotalGUARD

This form is to be completed by the employee.

Employer Information

Firm Name	Street Address		
City	Province	Postal Code	Telephone Number

Employee Information

Employee Name (first, initial, last)	Birth Date (yy/mm/dd)	Gender ❑ M ❑ F	
Address	City	Province	Postal Code
Telephone Number	Number of Hours Worked Per Week	Number of Months You Will Be Working Per Year	
Gross Earnings $ ❑ Annually ❑ Monthly ❑ Bi-Weekly ❑ Hourly		Date of Full Time Hire (yy/mm/dd) (20 hours or more per week)	
Insurance Class	Is this Application Due to Reinstatement? ❑ Yes ❑ No	Date of Rehire (yy/mm/dd)	
Occupation	Are you: ❑ Legally Married ❑ Common-Law Spouse	If Common-Law Spouse, Cohabitation Date (yy/mm/dd)	
Is Employee Covered Under the Provincial Health Plan? ❑ Yes ❑ No	Are All Dependents Covered Under the Provincial Health Plan? ❑ Yes ❑ No		

Coverage Information

I hereby apply for insurance under Western Financial Group Insurance Solutions, subject to all terms, conditions and provisions of the policy, and authorize the necessary premium deductions from my earnings.

Coverage Designation (select only one)	❑ Single ❑ Family ❑ Partial* *You may choose Partial, only if you are covered under your spouse's plan.	
Does your spouse have coverage elsewhere?	Health: ❑ Yes ❑ No If Yes: ❑ Single ❑ Family	Dental: ❑ Yes ❑ No If Yes: ❑ Single ❑ Family
If Yes, Please indicate Policy Number	Insurance Company	

You may opt out of benefits for yourself and your dependents only if you are covered for similar benefits under your spouse's plan.

You may apply at a later date for benefits you have refused. Certain conditions may apply.

To be eligible for Extended Health Care benefits, you and your dependents must be registered and covered through your applicable provincial health plan.

Please retain a copy of the completed form for your records.

Please complete reverse side.

Optional Benefits - Fill this section only if you wish to apply for benefits above your basic plan.

Life Insurance, in addition to basic coverage (available in units of $25,000 to a maximum of $250,000)	Employee ❑ Yes	Amount Applying For $	Smoker Status ❑ Yes ❑ No
	Spouse ❑ Yes	Amount Applying For $	Smoker Status ❑ Yes ❑ No
Accidental Death and Dismemberment, in addition to basic coverage (available in units of $25,000 to a maximum of $250,000)	Employee ❑ Yes	Employee and Family ❑ Yes ❑ No	Amount Applying For $

***Premiums are 100% employee paid.**

Family Information - Please complete this section with spouse & dependent children regardless of coverage selected.

Name of Dependent(s)	Birth Date (yy/mm/dd)	Gender	Relationship to Employee	Disabled	Full Time Student*
		❑ Male ❑ Female		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Male ❑ Female		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Male ❑ Female		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Male ❑ Female		❑ Yes ❑ No	❑ Yes ❑ No
		❑ Male ❑ Female		❑ Yes ❑ No	❑ Yes ❑ No

***Please submit a Western Financial Group Insurance Solutions Over-age Dependent Coverage form for any child over age 21 who is a FULL-TIME STUDENT.**
Note: Legal court documents are required if your dependent has been adopted by you. Eligible dependents must not be living out-of-country.
Incomplete or missing information may result in a dependent life claim being denied.

Beneficiary Designation

If no beneficiary is assigned then "ESTATE" will be assumed.
If benefits are assigned to minor children, a trustee must be appointed to act on their behalf.

Beneficiary Name (first, initial, last)	Birth Date (yy/mm/dd)	% Allocated	Relationship to Employee
Beneficiary Name (first, initial, last)	Birth Date (yy/mm/dd)	% Allocated	Relationship to Employee
Beneficiary Name (first, initial, last)	Birth Date (yy/mm/dd)	% Allocated	Relationship to Employee
Name of Trustee(s) for Dependent Children	Birth Date (yy/mm/dd)		Relationship to Employee

The Insurer merely records designations or changes beneficiaries and declines any responsibility as to their validity.
This designation applies to all life benefits under the policy.

For Quebec Residents Only

In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified.

If the beneficiary is shown as irrevocable, his/her consent is required to change the beneficiary designation.

If spouse is beneficiary, designation is ❑ Revocable ❑ Irrevocable

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: www.westernfgis.ca

Signature of Employee	Date	Signature of Employer	Date

Western FINANCIAL GROUP

Complete and send to:
TotalGUARD, Western Financial Group Insurance Solutions
201-600 Empress Street, Winnipeg, Manitoba R3G 0R5
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.
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