DEPENDENT INFORMATION

You must complete a Dependent Information form each time there is a change in your family status i.e. marriage, divorce, birth of your child, coordination of benefit changes and student status. If Canada Life does not receive your form, your dependent claims will not be processed.

PLEASE INDICATE THE APPLICABLE PLAN NUMBER(S):

☐ **51391 (Extended Health Care Plan)**
☐ **51390 (Extended Health Care Plan for Executives)**
☐ **51392 (Vision and Hearing Care Plan)**
☐ **51057 (Dental Care Plan)**
☐ **162954 (Extended Health Care Plan for Retired Management & Exempt and Executives)**

EMPLOYEE STATUS:

☐ **Active**
☐ **Retired**

EMPLOYEE INFORMATION

Last Name	First Name	Employee ID Number	Date of Birth (Year / Month / Day)

Home Address: ______________________________________
Street

______________________________________ Home Tel. (_______) ______________
City   Province   Postal Code   Area Code

Gender ☐ Male ☐ Undisclosed ☐ Female ☐ Other

DEPENDENT INFORMATION

This section must be completed if you are adding or deleting a dependent or updating dependent information. If there are more than four dependents, please attach a separate list. Please print clearly, in INK.

Effective date of change: Year / Month / Day

Reason for change:

☐ Birth of child ☐ Divorce ☐ Other (please specify) ______________________
☐ Marriage ☐ Cohabitation Date of marriage/cohabitation: Year / Month / Day

SPOUSAL INFORMATION

Add	Change	Last Name	First Name	Date of Birth (Year / Month / Day)	Gender
☐	☐				☐ Male ☐ Undisclosed ☐ Female ☐ Other

Delete	Last Name	First Name	Effective Date (Year / Month / Day)
☐			

What group benefits coverage does your spouse have through his/her employer?

	Single	Family	Waived	None
Extended Health Care	☐	☐	☐	☐
Dental Care	☐	☐	☐	☐
Vision and Hearing Care	☐	☐	☐	☐
Drugs	☐	☐	☐	☐

Name of Spouse's Insurance Carrier: ______________________ Spouse's Plan Number: __________ Spouse's ID Number: __________

DEPENDENT CHILD INFORMATION

Add	Change	Delete	Last Name	First Name	Gender	Date of Birth (Year / Month / Day)	Full-Time Student	Dependent with a Disability
☐	☐	☐			☐ Male ☐ Undisclosed ☐ Female ☐ Other		☐ Yes	☐ Yes
☐	☐	☐			☐ Male ☐ Undisclosed ☐ Female ☐ Other		☐ Yes	☐ Yes
☐	☐	☐			☐ Male ☐ Undisclosed ☐ Female ☐ Other		☐ Yes	☐ Yes
☐	☐	☐			☐ Male ☐ Undisclosed ☐ Female ☐ Other		☐ Yes	☐ Yes
☐	☐	☐			☐ Male ☐ Undisclosed ☐ Female ☐ Other		☐ Yes	☐ Yes

If you have a dependent with a disability please note that their disability will be reviewed following their 21st birthday.

PRIVACY

This section explains Canada Life's commitment to privacy.

Protecting your personal information. At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information. Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with. We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information. We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your online account or by submitting a request through our privacy centre at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

DEPENDENT INFORMATION

AUTHORIZATIONS AND DECLARATIONS

This section must be signed and dated in INK by the employee.

Authorizations and Declarations

I hereby apply for coverage for my spouse and/or unmarried dependent children under the group benfits plan and I confirm that I am authorized to act on their behalf.

I authorize:

- Canada 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 Canada Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of this Authorization 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 Québec applicants: I request that this form be in English
Je demande que ce formulaire me soit remis en anglais.

Employee signature: _____ Date: _____

INSTRUCTIONS

Active employees mail completed form to:
THE CANADA LIFE ASSURANCE COMPANY
Group Electronic Enrollment 4 South
PO Box 6000 Station Main
WINNIPEG MB R3C 3A5
Fax: 204-946-4699
Email: CPCdepformGEE@canadalife.com

Retired employees mail completed form to:
THE CANADA LIFE ASSURANCE COMPANY
Benefits Administration Services - D227
PO Box 6000 Station Main
WINNIPEG MB R3C 9Z9
Fax: 204-946-7405
Email: BAS@canadalife.com