Application for Group Benefits

Member Information

Member Name (first, initial, last) **Birth Date** (yy/mm/dd) **Sex** ❑ M ❑ F

Address **City** **Province** **Postal Code**

Home Telephone Number **Work Telephone Number**

Are you covered under the Manitoba Provincial Health Plan? ❑ Yes ❑ No

Provincial Health Number (six digits)

Coverage Information

I hereby apply for insurance under Wester Financial Group, 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

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

Family Information

Name of Dependent(s)	Birth Date (yy/mm/dd)	Sex	Relationship to Employee	Disabled*	Full Time Student*
		❑ M ❑ F		❑ Y ❑ N	❑ Y ❑ N
		❑ M ❑ F		❑ Y ❑ N	❑ Y ❑ N
		❑ M ❑ F		❑ Y ❑ N	❑ Y ❑ N
		❑ M ❑ F		❑ Y ❑ N	❑ Y ❑ N

***Please submit a Western Financial Group Over-age Dependent Coverage form for any child over age 21 who is a FULL-TIME STUDENT or DISABLED. Note: Legal court documents are required if your dependent has been adopted by you. Eligible dependents must not be living out-of-country.**

This Section to be Completed by Employer

Name of Group **Date of Hire (yy/mm/dd)**

Occupation **Hours Worked Per Week***

*All employees working less than 24 hours/week or less than 9 months out of the year are ineligible.

I hereby certify this employee meets the contractual requirements of being an eligible employee

Employee Signature **Date**

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, 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 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's commitment to privacy and security refer to our web site: www.westernfg.ca

Employee Signature **Date**

Complete and send to:
Western Financial Group
201-600 Empress Street, Winnipeg, Manitoba R3G 0R5
Fax: 204-943-5532