



SCB Enrollment Form – TG Minto

This form is only required if you need to add information / your information has changed since the last enrollment period. Please turn in the completed form to an SCB representative. If submitting after hours, please scan and email to support-tdl@sterlingcapitalbrokers.com or provide to your HR team.

Employee Personal Information

*Please clearly print in the spaces provided below. Fields marked with an asterisk (*) are mandatory.*

First Name* : _____ Last Name* : _____
Date of Birth (MM/DD/YYYY)* : ___ / ___ / _____ Gender*: Male Female Unspecified
Preferred Language*: English French Email (if available) : _____

Address*: _____
City*: _____ Postal Code*: _____
Province*: _____

Employee Has Coverage with Another Insurer? * Yes No
If Yes*: Secondary Carrier: _____ Policy Number: _____
Waive Health and Dental? (Only permitted if secondary coverage in place) * Yes No

Employee Has Provincial Healthcare Coverage? * Yes No
If No*: Has Bridge Coverage? Yes No

Family Information

Dependant Spouse

First Name* : _____ Last Name* : _____
Date of Birth (MM/DD/YYYY)* : ___ / ___ / _____ Gender*: Male Female Unspecified

Dependant Has Coverage with Another Insurer? * Yes No
If Yes*: Secondary Carrier: _____ Policy Number: _____
Waive Health and Dental for this Dependant? (Only permitted if secondary coverage in place) * Yes No

Dependant Has Provincial Healthcare Coverage? * Yes No
If No*: Has Bridge Coverage? Yes No

Common Law Spouse? * Yes No Marriage / Cohabitation (MM/DD/YYYY) * : ___ / ___ / _____



Dependant Child 1

Children are considered eligible for coverage if they are under the age of 21 and reside with you or your partner. Overage dependents between 21 and 25 are also eligible as long as they are attending a qualified secondary educational institution. Please be sure to include all relevant information below. If you have a disabled child, please indicate below and contact us.

First Name* : _____ Last Name* : _____
Date of Birth (MM/DD/YYYY)* : ___ / ___ / _____ Gender*: Male Female Unspecified

Dependant Has Coverage with Another Insurer? * Yes No
If Yes*: Secondary Carrier: _____ Policy Number: _____
Waive Health and Dental for this Dependant? (Only permitted if secondary coverage in place) * Yes No

Dependant Has Provincial Healthcare Coverage? * Yes No
If No*: Has Bridge Coverage? Yes No
Attending Post-Secondary? * Yes No
If Yes*: Start Date (MM/DD/YYYY) : ___ / ___ / _____ End Date ___ / ___ / _____

Dependant Has A Disability? * Yes No
If Yes*: Date of Disability (MM/DD/YYYY) : ___ / ___ / _____

Dependant Child 2

First Name* : _____ Last Name* : _____
Date of Birth (MM/DD/YYYY)* : ___ / ___ / _____ Gender*: Male Female Unspecified

Dependant Has Coverage with Another Insurer? * Yes No
If Yes*: Secondary Carrier: _____ Policy Number: _____
Waive Health and Dental for this Dependant? (Only permitted if secondary coverage in place) * Yes No

Dependant Has Provincial Healthcare Coverage? * Yes No
If No*: Has Bridge Coverage? Yes No
Attending Post-Secondary? * Yes No
If Yes*: Start Date (MM/DD/YYYY) : ___ / ___ / _____ End Date ___ / ___ / _____

Dependant Has A Disability? * Yes No
If Yes*: Date of Disability (MM/DD/YYYY) : ___ / ___ / _____

NOTE: For More than two children, please attach an additional form.

Date (MM/DD/YYYY): ___ / ___ / _____

Full Name (Print) _____ Signature _____



Print

Save

Clear

Group Benefits Change of Beneficiary

Group Operation
P.O. BOX 1640, Windsor, ON N9A 0C8 | 1-800-665-7076

IDENTIFICATION

Policy #: SCB1001 Plan Sponsor Name: _____ Claimant ID#: WLI
 Plan Member Name: _____
 Last Name First Name

GENERAL INFORMATION

1 Please note that designating a beneficiary is one of the most important decisions you will make regarding this Group Insurance Plan. The designation that you make should clearly reflect your intentions of who will receive the death benefit proceeds.
 2 If you are designating a beneficiary who is a minor, insurance proceeds cannot be paid directly to them. In order to avoid difficulties with settlement of a claim, a trustee should be named for all minor children.
 3 When percentages have been allocated to each beneficiary, only these amounts can be paid to each beneficiary. Should one of the beneficiaries die before you, their portion will be made payable to your estate.

CHANGE OF BENEFICIARY

Change of Beneficiary for: Employee Life Insurance (Choose One) and / or Optional Life Insurance

I revoke the appointment of any existing beneficiary(ies) and designate the following person(s) to receive the money payable under the Wawanesa Life Group Insurance Plan listed above.

I reserve the right, without the consent of the beneficiary(ies), to further change the beneficiary subject to any statutory restrictions.

In Quebec, designation a spouse (married or civil union) is irrevocable unless you check here: Revocable
 * An irrevocable beneficiary can only be changed with the written consent of the beneficiary

Primary Beneficiary's Name(s)			Date of Birth (mm/dd/yyyy)	% Allocated	Relationship of Beneficiary to Applicant
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____

If no beneficiary survives the Life Insured, I designate the following person(s):

*Contingent Beneficiary's Name(s)			Date of Birth (mm/dd/yyyy)	% Allocated	Relationship of Beneficiary to Applicant
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____
_____ Last Name	_____ First Name	_____ Initial	_____	_____	_____

TRUSTEE DESIGNATION

Trustee Designation: I hereby appoint _____
 Name Relationship

as Trustee to receive any payments on behalf of the beneficiaries listed above during their age of minority.

***Release and Consent of the Present Preferred or Irrevocable Beneficiary (if any)**

The present Beneficiary's signature is only required if designated irrevocably.

I, the present Beneficiary, release my right, claim or interest in the said contract and assign and transfer my interests to the Beneficiary(ies) named above.

Signature of Witness

Signature of Beneficiary

AUTHORIZATION & ACKNOWLEDGEMENT

I understand that this Change of Beneficiary will not take effect unless this form is received and validated by The Wawanesa Life Insurance Company. After such receipt and validation, the Change of Beneficiary will take effect on the date of such validation.

Date

Signature of Plan Member

Witness Name (Please Print)

Signature of Witness

CONSENT & DISCLOSURE REGARDING PERSONAL INFORMATION

I consent to Wawanesa Life collecting, using and disclosing my personal information for the purposes of: establishing and maintaining communications with me; underwriting risks on a prudent basis; investigating and paying claims; detecting and preventing fraud; offering and providing products and services to meet my needs; compiling statistics and acting as required or authorized by law.

I understand that Wawanesa Life may share my personal information with the following people, organizations and service providers: Wawanesa Life employees and agents who require this information to perform their jobs; claims investigators, investigative agencies, providers of information processing and storage, programming, printing, mailing and distribution services; applicable reinsurance companies; people to whom I have granted access; and people who are legally authorized to view my personal information. These people, organizations and service providers may be in other provinces or in jurisdictions outside Canada. My information may be shared as required by the laws of those jurisdictions.

I acknowledge that I only enroll, at this time or any future time, dependents who have authorized me to provide their information and consent to the collection, use and disclosure of that information for the purposes listed above.

I understand that any restriction or withdrawal of my consent may result in Wawanesa Life being unable to process the claim being applied for.

You can obtain further information about Wawanesa Life's Personal Information Protection Policy and practices concerning service providers outside Canada from the Wawanesa Life Executive Office at 400-200 Main Street, Winnipeg, MB R3C 1A8 or at www.wawanesalife.com.

If you have a question (including a question concerning our collection of personal information, or the collection, use, disclosure or storage of personal information by service providers outside Canada on our behalf) or complaint regarding our privacy policies or procedures, please contact the individual accountable for our personal information protection compliance: Privacy Officer, The Wawanesa Life Insurance Company, 400-200 Main Street, Winnipeg, MB R3C 1A8.

FOR WAWANESA LIFE EXECUTIVE OFFICE USE ONLY

Recorded by The Wawanesa Life Insurance Company this _____ day of _____.

Validated by: _____

*Note

Contingent Beneficiaries

In the event that the primary beneficiary dies before the life insured, death claim proceeds will be paid to the contingent beneficiary. If no contingent beneficiary has been named, the beneficiary becomes the estate of the life insured, except in the case of third party ownership, in which case the policyowner becomes the beneficiary.

Irrevocable Beneficiaries

Prior to making a beneficiary change, the present beneficiary's signature is required in the following instance:

If the present beneficiary was designed irrevocably (that is, the policyowner cannot make beneficiary changes without the present beneficiary's consent)

To name an irrevocable beneficiary, the term "irrevocable" must be included in the form under the "Relationship of Beneficiary to Applicant" section. All future transactions affecting the policy will require both your signature and that of the irrevocable beneficiary. To ensure that future requests are correctly authorized, we suggest that the irrevocable beneficiary also sign the form at this time.

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