

DGC Health & Welfare Trust Application Form

MEMBER INFORMATION				
Legal name: _____			Member number: _____	
<small>Last name</small>	<small>First name</small>	<small>Middle initial</small>		
Address: _____				
<small>Apt. #</small>	<small>Number/Street</small>	<small>City</small>	<small>Province</small>	<small>Postal code</small>
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth: _____		Social insurance number: _____
		<small>mm / dd / year</small>		
Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Common Law			Date of cohabitation (if common law): _____	
			<small>mm / dd / year</small>	

DEPENDENTS TO BE COVERED <i>(Under family plans only)</i>								
Legal last name	First name	Date of birth (mm/dd/year)	Relationship	Gender (M/F)	Full-time student		Disabled dependent	
					Yes	No	Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligible dependents

Spouse: This is the person of the same or opposite sex who is either:

- legally married to you, or
- has been living with you in a conjugal relationship:
 - for at least 12 months, or
 - if you live in Quebec, until the birth or adoption of a child, if earlier.

Dependent child(ren): The unmarried natural or adopted child, stepchild or legal ward of you and/or your spouse who is:

- under age 21 and working less than 30 hours per week (unless a full-time student);
- under age 26 and a full-time student; or
- any age, if unable to support themselves due to a physical or psychiatric disorder (provided they qualified prior to age 21, or before age 26 while a full-time student).

Coordination of benefits

Where applicable, benefit payments will be coordinated between the DGC Health and Welfare Trust and your spouse's plan. Please indicate what, if any, benefits coverage your spouse has through his/her employer.

Health: Single Family Waived None

Insurer: _____

Policy number: _____

Dental: Single Family Waived None

Insurer: _____

Policy number: _____

BENEFICIARY APPOINTMENT				
I hereby appoint the following as my revocable beneficiary (or beneficiaries) to receive any benefits payable in the event of my death:				
Legal last name	First name	% Share <i>(must add up to 100)</i>	Age	Relationship

Where Quebec law applies

If you have designated your married spouse or civil union spouse as beneficiary, this designation will be considered irrevocable unless you check the box below.

I hereby make the appointment of my spouse revocable. As such, I may change this beneficiary designation at any time.

Minor beneficiary

If designating a minor as your beneficiary (or a person who lacks legal capacity), you may want to consider appointing a trustee/administrator. You can appoint a trustee/administrator by completing the Trustee Appointment form (form #M6242 BIL), available from the DGC, J&D Benefits, or Great-West Life. Before appointing a minor beneficiary or designating a trustee/administrator, we recommend that you consult with a legal advisor.

Payment of death benefits

If you do not name a beneficiary, or if your beneficiaries predecease you, your benefits will be paid to your estate – unless otherwise indicated in your will.

PRIVACY

The DGC Health and Welfare Trust knows that confidentiality of personal information is important. Your information will be held in strict confidence. Access to the information provided on this form will be limited to:

- authorized DGC staff, agents, insurance providers, service providers, and health care providers who require the information to perform their jobs;
- persons to whom you have granted access; and
- persons authorized by law.

You may access the personal information in your file and request a correction where you believe there is an error or omission.

AUTHORIZATION

I hereby:

- 1) permit the DGC Health and Welfare Trust to administer my benefits coverage as I have directed on this form;
- 2) assign coverage for my eligible dependents as directed on this form;
- 3) designate a beneficiary (or beneficiaries) for death benefits as directed on this form;
- 4) understand and accept that it is my responsibility to advise the DGC Health and Welfare Trust, in writing, if there is any change in the status of my eligible dependents;
- 5) reserve the right to change my beneficiary (beneficiaries) by providing written notice to the DGC Health and Welfare Trust, subject to any statutory restrictions;
- 6) understand and accept that the information provided on this form – including information related to eligible dependents and beneficiaries – supersedes information provided on earlier forms; and
- 7) authorize the DGC Health and Welfare Trust, its agents, insurance providers, service providers, and health care providers to use, disclose, and share the information provided on this form for the purposes of administering and managing the DGC Health and Welfare Trust, and assessing claims.

I declare that the information provided on this form is accurate and true. Inaccurate information may invalidate any claims.

Before this application can be processed, it MUST be signed by the applicant and a witness.

Member's signature _____ Date: _____
mm / dd / year

Signature of witness: _____ Date: _____
mm / dd / year

Name of witness (please print): _____

OFFICE ADMINISTRATION SECTION

Policy number: 159947

Processing Date: _____

Authorized plan administrator: _____

COMPLETE AND RETURN THIS FORM TO:

**Suzanne Maunder
DGC Health and Welfare Trust
111 Peter Street, Suite 402
Toronto, ON
M5H 2H1**