

Note: Fill out this form to enroll in Employee Group Benefits

1. Plan Member Information

Plan Sponsor:
The Power Sector Benefit Trust

Group Policy #:
56105

M

F

SIN

date of birth (mm/dd/yy)

sex

first name

middle initial

last name

address

city

province

postal code

phone

cell

email

2. Dependant Information

Applying for Family coverage?

yes no

If yes, please complete this section listing all eligible dependants. If more space is required, please complete another form and submit with this document.

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

Add

Remove

first name

initial

last name

M

F

sex

relationship

DOB (mm/dd/yy)

3. Beneficiary Designation

Note:

In the event of Applicant's death, the Primary Beneficiary (or Beneficiaries) will receive life claim benefits. "Contingent" receives life benefits in the event of Primary Beneficiary's death. If more space is required, please complete another form and submit with this document.

Primary Beneficiary (or Beneficiaries)

I appoint as primary revocable beneficiary of the insurance payable in the event of my death:

first name

last name

first name

last name

address

address

city

province

postal code

city

province

postal code

phone

relationship

allocation

phone

relationship

allocation

Contingent Beneficiary (or Beneficiaries)

As a contingent beneficiary I appoint:

first name

last name

first name

last name

address

address

city

province

postal code

city

province

postal code

phone

relationship

allocation

phone

relationship

allocation

Trustee for Minors

I appoint as a Trustee for minors (under the age of 18) in the event of death of primary and contingent beneficiaries:

first name

last name

address

address

city

province

postal code

phone

relationship

4. Applicant's Authorization

Physical/wet signature required.

I apply for the benefits under the policy or policies indicated above. I hereby authorize the use of my social insurance number for the administration of the benefits applied for under this group policy.

date (mm/dd/yy)

signature of employee/member

province of residence

province of employment

5. Administrator

For office use only.

certificate number

division

effective date

AP:05-052025:V01