

**Note:** Fill out this form to add or remove a Dependant

<b>1. Plan Member Information</b>	<b>The Power Sector Benefit Trust</b>		<b>56105</b>		
	plan sponsor		group policy number:		
	SIN		date of birth (mm/dd/yy)		sex <input type="checkbox"/> M <input type="checkbox"/> F
	last name		middle initial	first name	
	address		city	province	postal code
	phone		cell	email	

<b>2. Dependant Information</b>	<input type="checkbox"/> add <input type="checkbox"/> remove						<input type="checkbox"/> M <input type="checkbox"/> F	
	status		last name	initial	first name	sex	relationship	date of birth (mm/dd/yy)
	<input type="checkbox"/> add <input type="checkbox"/> remove						<input type="checkbox"/> M <input type="checkbox"/> F	
	status		last name	initial	first name	sex	relationship	date of birth (mm/dd/yy)
	<input type="checkbox"/> add <input type="checkbox"/> remove						<input type="checkbox"/> M <input type="checkbox"/> F	
status		last name	initial	first name	sex	relationship	date of birth (mm/dd/yy)	
<input type="checkbox"/> add <input type="checkbox"/> remove						<input type="checkbox"/> M <input type="checkbox"/> F		
status		last name	initial	first name	sex	relationship	date of birth (mm/dd/yy)	

<b>3. Applicant's Authorization</b>	_____	
	date (mm/dd/yy)	signature of employee/member

<b>4. Administrator</b>	<input type="checkbox"/> add <input type="checkbox"/> change status		_____		_____	
			certificate number		division	
This section to be completed by administrator		_____		_____		
		reason		effective date		