



Kinectrics Inc.
Health & Dental Enrollment/Change of Information

Great West Life Policy Number 51597

New Hire Termination Change

Effective Date

Type of Change

Employee/Pensioner Information

Employee Number

Coverage Category
(S single, F family)

Employee Last Name	First Name	Initial
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Apt No.	Street Address
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City	Province	Postal Code
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Gender (M or F)	Date of Birth (month/day/year)	Marital Status
		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated

Spousal Information

Spouse's Last Name	First Name	Initial
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Gender (M or F)	Spouse's Date of Birth (month/day/year)	Name of Spouse's Employer
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Name of Insurer	Policy Number	Spouse's Coverage with their Employer																									
		<table border="1"> <thead> <tr> <th>Type</th> <th>None</th> <th>Waived</th> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Medical</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dental</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vision</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Drugs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Type	None	Waived	Single	Family	Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Eligible Children (If more than 3 children, please provide additional information on a separate sheet).

Child's Last Name	First Name	Initial
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Gender (M or F)	Child's Date of Birth (month/day/year)	Relationship to Employee S Son D Daughter O Other	Full-Time Student Y or N	Disabled Dependent Y of N
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Child's Last Name	First Name	Initial
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Certification

I hereby certify that the information contained is accurate. I acknowledge that any deliberate falsification may result in the re-payment of money received for ineligible claims, legal action, and for employees disciplinary action up to and including termination of employment. I also acknowledge approval that Great-West Life may cross reference medication to ensure drugs purchased by individuals covered under Kinectric's Plan from different pharmacies, are compatible, and understand that this information will be treated as confidential by Great-West Life.

Employee/Pensioner Signature

Date

Instructions: Return original copy to the Kinectrics Benefits Centre, P.O. Box 7650, Station B, Toronto, ON M2K 3B5. Keep a copy for your files.





Kinectrics Benefits Centre

Eligible Dependents

Eligible Spouse

- the person legally married to you **OR**
- a person who is publicly represented by you as your spouse (including same sex spouse).

In the event that an Employee/Pensioner takes up residence with an individual and publicly represents that individual as his or her spouse, the spousal status of any other individual is to be terminated by the employee/pensioner. Only one person shall be considered a qualified dependent spouse during a period of time for which any benefits are payable to or for the spouse of an employee/pensioner. An individual who ceased to qualify as a spouse is no longer eligible for benefits.

Eligible Children

- children who are unmarried **AND** unemployed **AND** attending school full-time up to and including 23 years of age.

Coverage ceases as of the child's 24th birthday or if any of the other above criteria are not satisfied. Children includes:

- Any child of the employee/pensioner or their spouse and legally adopted children;
- A child of any age who is dependent for financial support upon the employee/pensioner or the Employee's/Pensioner's spouse because of physical or mental infirmity, provided infirmity commenced while the individual otherwise met the definition of an eligible child as outlined above.

Note: It is the responsibility of the employee/pensioner to notify The Kinectrics Benefits Centre of any addition or deletions when a dependent no longer meets the eligibility criteria, or when spousal coverage under another benefits plan changes.