



APPLICATION FOR ENROLMENT

A - IDENTIFICATION – Please print

				<input type="checkbox"/> New application		<input type="checkbox"/> Reinstatement	
Name of policyholder				Group No.		Division No.	
Last name of member				First name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Address - No., street, apt.				City		Province	
Present occupation				Annual salary		Class	
Date employed on a full-time basis YY MM DD				Eligibility date YY MM DD		Number of hours worked per week	
Language <input type="checkbox"/> English <input type="checkbox"/> French				Social insurance No.		Postal code	
Coverage: <input type="checkbox"/> Individual <input type="checkbox"/> Single-parent <input type="checkbox"/> Family <input type="checkbox"/> Couple							

B - REQUEST FOR EXEMPTION

If my plan allows, I waive coverage under this(these) benefit(s): ☐ health insurance ☐ dental care
since I am already covered under my spouse's plan.

C - INFORMATION ON DEPENDENTS – Complete if you selected single-parent, couple or family coverage

Last name, first name	Sex M - F	Relationship with member (spouse, child)	Date of birth YY MM DD	Dependent's status S = 21 to 25 years, full-time student X = Functional impairment	Covered under another plan Health Yes / No	Dental care Yes / No

D - OPTIONAL BENEFITS – Please check the provisions under your plan.

You must complete an insurability report. Please use form No. 20009A if you select Optional life insurance or Accidental death and dismemberment insurance. Use form No. 98140E if you select Critical illness on its own or combined with one or two other benefits.

<input type="checkbox"/> OPTIONAL LIFE INSURANCE Complete only one section: A, B or C	<input type="checkbox"/> ACCIDENTAL DEATH AND DISMEMBERMENT Complete only one section: A, B or C	<input type="checkbox"/> CRITICAL ILLNESS Complete only one section: A, B or C
A <input type="checkbox"/> MEMBER ^{Nb} times the annual salary	A <input type="checkbox"/> MEMBER ^{Nb} times the annual salary	A <input type="checkbox"/> MEMBER ^{Nb} times the annual salary
B <input type="checkbox"/> MEMBER ^{Nb} \$ segment	B <input type="checkbox"/> MEMBER ^{Nb} \$ segment	B <input type="checkbox"/> MEMBER ^{Nb} \$ segment
<input type="checkbox"/> SPOUSE ^{Nb} \$ segment	<input type="checkbox"/> SPOUSE ^{Nb} \$ segment	<input type="checkbox"/> SPOUSE ^{Nb} \$ segment
C <input type="checkbox"/> MEMBER Fixed amount of \$	C <input type="checkbox"/> MEMBER Fixed amount of \$	C <input type="checkbox"/> MEMBER Fixed amount of \$
<input type="checkbox"/> SPOUSE Fixed amount of \$	<input type="checkbox"/> SPOUSE Fixed amount of \$	<input type="checkbox"/> SPOUSE Fixed amount of \$
<input type="checkbox"/> EACH CHILD Fixed amount of \$	<input type="checkbox"/> EACH CHILD Fixed amount of \$	<input type="checkbox"/> EACH CHILD Fixed amount of \$

E - DESIGNATION OF BENEFICIARY(IES) – See reverse for information on beneficiary designation

Last name, first name	Date of birth if minor YY MM DD	Relationship	%	Please check <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

DESIGNATION OF A TRUSTEE (Important information on reverse) For the province of Québec: The provisions of the Civil Code apply. DO NOT complete this section.
For all other provinces: Complete this section only if you have named a minor beneficiary.

Last and first names of trustee Relationship

Address of trustee No., street City Province Postal code

F - DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

I certify that all the information provided herein is complete and true. I acknowledge that all the benefits offered in the contract are subject to the provisions for limitations or reductions as well as to the exclusions stipulated therein. I acknowledge that I have read and received a copy of the Personal Information Management section at the back of this form. In the event of death, I expressly authorize my beneficiary(ies), heir(s) or estate liquidator(s) to provide Desjardins Financial Security or its reinsurers with all the information or authorizations deemed necessary to study the claim and obtain the required proofs. This authorization also applies to my minor children, insofar as applicable to this claim. I authorize my employer to deduct the required premium contributions from my salary. I authorize Desjardins Financial Security to use or communicate my social insurance number for administrative purposes. A photocopy of this authorization is as valid as the original.

Signature
of member

Signature of
authorized person

Date

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

DFS may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.

DESIGNATION OF BENEFICIARY(IES)

For the province of Québec	Unless otherwise stipulated, the designation of a legal spouse or spouses joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise stipulated, the designation of any other person as beneficiary is REVOCABLE.
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For all other provinces	This designation of beneficiary is REVOCABLE unless otherwise stipulated.
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REVOCABLE: means that the designation of beneficiary can be changed without the beneficiary's consent.

IRREVOCABLE: means that the signature of the irrevocable beneficiary is mandatory to change the beneficiary. The IRREVOCABLE designation of a minor cannot be changed until he or she reaches the majority.

DESIGNATION OF A TRUSTEE - Does not apply in Québec

A minor beneficiary cannot discharge a payment to a payer. Consequently, the trustee designated on the reverse will receive in trust for a minor beneficiary any amount under the plan established by Desjardins Financial Security. Receipt of these funds by the trustee constitutes a discharge for Desjardins Financial Security. A designation is valid until a new trustee is named or until the beneficiary will have reached the age of majority, whichever occurs first.