



- New Employee
- Reinstatement

# MEMBER APPLICATION

All dates must be entered as DD/MM/YYYY.

**Member:** Please print clearly, completing sections 1-4 and signing section 5. Pass this form onto your Plan Administrator.  
**Plan Administrator:** Please complete sections 6, sign section 7 and submit to Sirius Benefit Plans. Section 8 is for Sirius Benefit Plan use only.

<b>1</b>	<b>Member Information</b>	Last Name		First Name					
		Mailing Address			City	Prov	Postal Code		
		Gender <input type="checkbox"/> male <input type="checkbox"/> female		Date of Birth DD/MM/YYYY	Provincial Health Plan Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Marital Status <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> common-law <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> widowed						Date of co-habitation: <input style="width: 100px;" type="text"/>	
<b>2</b>	<b>Other Coverage</b>	Does your Spouse have coverage? If yes, are you covered under your Spouse's plan? If yes: Do you wish to opt out of this plan? Do you wish to cover your Spouse under this plan? Do you wish to cover your Dependent Children under this plan?							
				EHC		Dental			
				<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes		
				<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes		
				<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes		
<b>3</b>	<b>Dependent Information</b>	Name		Date of Birth DD/MM/YYYY	Sex M or F	Relationship	For over-age dependent children see booklet for definitions of each  Full-time University or College Student?* Yes or No	Disabled Dependent* Yes or No?	
		Last	First						
		Spouse							
		Child							
		Child							
		Child							
*Please complete an overage dependent application if the dependent child is attending college or university (secondary education) or if you wish to submit your dependent child as an overage disabled dependent. Your booklet has information regarding both these two situations.									
<b>4</b>	<b>Beneficiary</b>	Name		Relationship to Member	Percentage cannot exceed 100% in total)	For Quebec residents only: Any designation of a "spouse" is considered irrevocable unless you check here <input type="checkbox"/> to stipulate that the designation of the spouse is revocable.			
		Last	First						
<b>Trustee Designation</b> This section is to be completed only if the beneficiary designated above is under the age of majority				I hereby appoint _____ as Trustee to receive any amount due to any beneficiary under the age of 18.					
<b>5</b>	I consent to the collecting, using and disclosing of my personal information for the purposes of communication, underwriting risks, investigating and adjudicating claims, detecting and preventing fraud, compiling statistics and acting as required or authorized by law. I certify that all information in this form is true and accurate. I hereby apply for coverage for which I am, or may become, eligible for. I acknowledge that I only enroll, at this time or any future time, dependents who have authorized me to provide their information and consent to the collection, use and disclosure of their information for the above purposes. I authorize Sirius Benefit Plans, any insurance companies and healthcare providers to exchange information when necessary to determine eligibility and to administer the plan. I designate the above mentioned beneficiary for any benefits payable as a result of my participation in this plan.								
	<b>Member Signature</b>				<b>Date Signed</b>				
<b>6</b>	<b>Plan Administrator</b>	Group #	Firm #	Class	Name of Firm				
		Occupation	Date of Hire	Date of Full-time	# of Hrs Each Week	Gross Monthly Earnings \$			
<b>7</b>	I confirm that this employee is eligible for coverage and that the information provided is true and accurate.								
	<b>Plan Administrator Signature</b>				<b>Date Signed</b>				

Eff date _____
Class _____
Member _____
Cert _____
Firm _____
Group _____
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