THE MARITIME FINANCIAL GROUP
STRENGTH ON YOUR SIDE
INSURANCE • INVESTMENTS • FINANCING

GROUP LIFE & HEALTH ENROLLMENT FORM

(PLEASE COMPLETE USING BLOCK CAPITAL LETTERS)

COMPANY NAME			POLICY #
MEMBER LAST NAME			MEMBER ENROLLMENT TYPE NEW ☐ REINSTATEMENT ☐
MEMBER FIRST NAME			DEPENDANT ENROLLMENT TYPE NEW ☐ REINSTATEMENT ☐
MEMBER ADDRESS			
CONTACT #	(H)	(O)	(M)
BANK NAME	BRANCH	BANK ACCOUNT NUMBER	
SEX ☐ MALE ☐ FEMALE	DOB (DD/MM/YY) / /	E-MAIL ADDRESS	
MARITAL STATUS Single ☐ Married ☐ Common Law ☐ Divorced ☐ Widowed ☐			ANNUAL SALARY $ / / EMPLOYMENT DATE DD/MM/YY

DEPARTMENT_____

TITLE/POSITION_____

COVERED DEPENDANTS

List below your spouse and the name/s of unmarried children under 19 years. Unmarried student ages 19-25 years must submit a School Letter in order to be covered.

LAST NAME	FIRST NAME	SPOUSE SON DAUGHTER (Please state)	DOB DD/MM/YY	STUDENT Y-YES N-NO	SEX M-MALE F-FEMALE	ENROLLMENT TYPE 1-New 2-Reinstate	EFFECTIVE DATE DD/MM/YY

BENEFICIARIES *(List below)*

LAST NAME	FIRST NAME	RELATIONSHIP	DOB DD/MM/YY	SHARE %

BENEFITS *This section is to be completed by the Employer*

Coverage Types: (S) Member (SC) Member and One Dependant Child (SSP) Member and Spouse (SCH) Member and Children (FAM) Family

EFFECTIVE DATE DD/MM/YY	BENEFITS	VOLUME OF INSURANCE	COVERAGE TYPES
	GTL		S
	ADD		S
	Medical		
	PENSION		

If any beneficiary listed above dies before me, the interest of such beneficiary shall, unless otherwise provided above, accrue to the surviving beneficiaries or if none, to my estate. I reserve the right to change any beneficiary named above. I request membership of the group policy, as indicated above, for which I am or may become eligible. I agree, if admitted, to the deduction of the appropriate contribution from my salary, if applicable and to produce evidence of insurability if required. I hereby declare all statements and answers to the above questions are complete and true to my knowledge.

MEMBER SIGNATURE	PLAN ADMINISTRATOR SIGNATURE	COMPANY STAMP	DATE DD/MM/YY / /

THIS SECTION IS FOR INSURER USE ONLY

INSURER ADMINISTRATOR'S NOTES _____

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INSURER ADMINISTRATOR'S APPROVAL

SIGNATURE: DATE: / /