The Equitable Life Insurance Company of Canada
One Westmount Road North • PO Box 1603 Stn Waterloo
Waterloo Ontario N2J 4C7 (519) 886-5210

DEPENDENT ENROLMENT FORM
FOR GROUP HEALTH AND / OR DENTAL INSURANCE

Do Not Use this form for Initial Enrolment.

To be completed only if: 1. A change in dependent coverage is required.
OR
2. If there is a group plan change adding a pay-direct drug plan and dependent coverage is required.

PLEASE NOTE: Benefit claims are adjudicated based on the details provided on this form.
Please report any changes immediately to avoid any potential claims problems.

❶ POLICYHOLDER / EMPLOYEE DETAILS

Employee's Full Name (Last, First, Middle)	Certificate Number	
Company Name	Division	Policy Number

Date of Birth: day / month / year | Sex: ☐ Male ☐ Female | Date of Full-Time Employment: day / month / year

❷ SPOUSE / PARTNER DETAILS (Complete this part if you require coverage for your Spouse / Partner.)

Spouse / Partner's Full Name (Last, First, Middle)	Sex: ☐ Male ☐ Female	Date of Birth day / month / year

Date of Marriage/ Common-law Relationship: day / month / year

Are your Spouse / Partner and children, if any, covered for Health and Dental with another insurance company?
☐ No ☐ Yes → If yes, provide the following information to co-ordinate benefits for ☐ Health and/or ☐ Dental

Name of Insurance Company	Name of Employer

❸ DEPENDENT CHILDREN DETAILS (Complete this part if you require coverage for your Dependent Children.)

Children's Full Names (First, Middle, Last)	Sex: ☐ Male ☐ Female	Date of Birth day / month / year	* ☐ Disabled **or** ** ☐ Student
1)			
2)			
3)			
4)			
5)			
6)			

*** Disabled dependents aged 21 and older may be eligible for coverage if certain conditions, as established by Equitable Life®, are met. You may be asked to provide further documentation.**

**** Dependent children aged 21 and older, but under age 25, (or the maximum dependent age as per the Policy) are eligible for coverage if registered as Full-Time Students. You may be asked to provide proof of full-time student status.**

❹

I certify that all the information provided on this form is true and agree that benefits will be co-ordinated as outlined in the Policy if applicable. (Refer to the Co-ordination of Benefits Section in your booklet for details when your spouse / partner also has a Benefit Plan with his/her employer.)

The Canadian Life & Health Insurance Association Regulations stipulate:
- A spouse / partner must submit claims to his/her own employer's plan first.
- Claims for insured children must first be submitted to the plan insuring the spouse / partner whose date of birth is the earliest in the calendar year. If both spouses / partners were born in the same Month, the earlier Day would be the rule.

Employee's Signature	Date

THIS FORM WILL BE RETURNED IF NO SIGNATURE and DATE ARE PRESENT!