

**ANNUAL OPEN ENROLMENT OPPORTUNITY  
SPECIAL ENROLMENT/CHANGE FORM – DEPENDENT**

**SECTION A - TO BE COMPLETED BY EMPLOYEE**

Last Name of Employee	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD-MM-YY)	Social Insurance Number
Telephone Number		Email Address			

1. **DEPENDENT LIFE** (Optional)       Yes

**NOTE: Beneficiary is the Employee**

2. **AUTHORIZATION:** I certify that the information above is accurate and authorize payroll deductions, if required. By providing my Social Insurance Number, I authorize the insurance carrier; plan administrator and the pay & benefits administrator to use it for identification purposes only.

Signature of Employee:

Date:

**\*\* EMPLOYEE: FORWARD TO EMPLOYER (HUMAN RESOURCES OR PAYROLL SERVICES) \*\***

**SECTION B - TO BE COMPLETED BY EMPLOYER (HUMAN RESOURCES OR PAYROLL SERVICES)**

Name of Employer	Hire Date (DD-MM-YY):	Effective Date of Coverage or Change (DD-MM-YY): <b>01-06-2022</b>
<b>Employment Type (check one)</b> <input type="checkbox"/> Full time <input type="checkbox"/> Part time - hrs/wk _____	<b>Employment Status (check one)</b> <input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Casual <input type="checkbox"/> Temporary/Term <input type="checkbox"/> Other _____	
<input type="checkbox"/> Bargaining <input type="checkbox"/> Non-Bargaining	Name of Bargaining Group (if applicable)	

Signature of Employer:

Date:

**\*\* EMPLOYER: FORWARD TO VESTCOR \*\***