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DEPENDENT LIFE INSURANCE ANNUAL OPEN ENROLMENT FORM

SECTION A - TO BE COMPLETED BY EMPLOYEE

Last Name of Employee	First Name	Initial	☐ Male ☐ Female	Date of Birth *(DD-MM-YY)*

Social Insurance Number *(optional)*	Employee ID **OR** Vestcor Reference Number

Telephone Number	Email

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.

3. **PRIVACY CONSENT:** The personal information collected on this form will be used by Vestcor to: identify the member and the member's employer; set up enrollment of applicable benefits coverage and confirm eligibility; and ultimately ensure that the benefits program is administered in accordance with the plan's governing documents. The information may be disclosed to Finance and Treasury Board, Medavie Blue Cross and/or Blue Cross Life Insurance Company of Canada. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at **info@vestcor.org**. In addition, please note that Vestcor's Privacy Statement is available at **www.vestcor.org/privacy**.

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)*
		01-06-2025

Employment Type (check one)	Employment Status (check one)
☐ Full time ☐ Part time - hrs/wk _____	☐ Permanent ☐ Seasonal ☐ Casual ☐ Temporary/Term ☐ Other _____

☐ Bargaining ☐ Non-Bargaining Name of Bargaining Group *(if applicable)* _____

Signature of Employer: _____ Date: _____

EMPLOYER: FORWARD TO VESTCOR