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CLEAR FORM 



## 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 <b>OR</b> 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](mailto:info@vestcor.org). In addition, please note that Vestcor's Privacy Statement is available at [www.vestcor.org/privacy](http://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)
		01-06-2026
Employment Type (check one) Full time      Part time - hrs/wk _____	Employment Status (check one) Permanent      Seasonal      Casual      Temporary/Term Other _____	
Bargaining      Non-Bargaining	Name of Bargaining Group (if applicable) _____	

Signature of Employer:

Date:



**EMPLOYER: FORWARD TO VESTCOR**