

# Group Benefits Enrolment/Change Form

**Contract numbers:** Life - 50813 | AD&D - 50813 | LTD - 50580 | Health & Dental - 25180

Please fill out each required field and either print and sign in ink or sign with an electronic signature. You must provide a written signature; you cannot just type your name into the signature line. Once you've signed the form, please [submit a request through AskHR](#) and attach the form to the request.

For detailed Group Benefits information, log in to AskHR at [help.torontomu.ca/askhr](http://help.torontomu.ca/askhr) to search for information and/or access your benefits booklet.

## 1 - Employee details

<input type="checkbox"/> New Employee <input type="checkbox"/> Change of Information	Last Name	First Name	Employee ID Number
Effective Date of Change (MM/DD/YY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Our benefits administrator requires a binary response. Login to AskHR to learn more, or visit <a href="http://help.torontomu.ca/askhr">help.torontomu.ca/askhr</a> and search for gender binary.	
<b>Do you have valid Provincial Health Insurance (e.g. OHIP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, please contact HR, Pension &amp; Benefits by visiting <a href="http://help.torontomu.ca/askhr">help.torontomu.ca/askhr</a> and submitting a request.</b>			
Current Family Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law* <input type="checkbox"/> Separated <input type="checkbox"/> Civil Union <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <i>*I hereby clarify that, as of this date of declaration, I have a common law spouse as defined in the Group Benefits Insurance contract and this person has been publicly represented as my spouse for at least 12 consecutive months prior to the date of this declaration.</i>			

## 2 - Extended health care and dental benefits

You and your dependents must have provincial health insurance to enrol in the following. Please select the coverage:

**Extended Health Care:**

☐ Single ☐ Family

**Dental Care:**

☐ Single ☐ Family

## 3 - Spouse details ☐ Add ☐ Remove

Complete this section only if you are updating your spousal information. Spouse should be enrolled within 30 days of member's initial enrolment or related life event (e.g. marriage or common law for 12+ consecutive months).

<b>Definition of a Spouse:</b> Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who is publicly represented as your spouse and you have cohabited for a minimum of 12 months, is an eligible dependent. You can only cover one spouse at a time.		
Spouse's Last Name	Spouse's First Name	Date of Birth (YYYY-MM-DD)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Does your spouse have valid Provincial Health Insurance (e.g. OHIP)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, please contact HR, Pension &amp; Benefits</b>	

**Note:** Canadian Life and Health Insurance Association Guidelines (CLHIA) state: a spouse must first claim from his/her own employer's plan. Please visit [help.torontomu.ca/askhr](http://help.torontomu.ca/askhr) to search for Coordination of Benefits information.

## 4 - Dependent children details ☐ New ☐ Remove ☐ NA

Complete this section only if you are applying for coverage for your children. Dependent children should be enrolled within 30 days of member's initial enrolment or related life event (e.g., marriage, birth of a child, adoption etc.)

**Definition of dependent child:** unmarried children (including stepchildren, legally adopted children and children of a common-law spouse during the time that coverage for the spouse is in effect), who are under 21 years of age and depend on you for support; who are under 25 years of age, depend on you for support and attending an institution of higher learning as a full-time student; or any age and are permanently mentally or physically disabled and incapable of self-support with uninterrupted coverage under the TMU plan prior to disability.

Child's Last Name	Child's First Name	Birth Date (YYYY/MM/DD)	Gender (M or F)	Student over age 21 (Yes/No)	Over-age child with disability* (Yes/No)	OHIP** (Yes/No)

\* To enrol an over-age child with a disability, you will need to request a Disabled Child Form from Pension & Benefits, complete and send to Sun Life within 31 days of the date the child reaches the age limit. \*\* If no, please contact Human Resources, Pension & Benefits.

**Note:** Canadian Life and Health Insurance Association Guidelines (CLHIA) state: Covered dependent children must first claim from the plan covering the parent with the earlier date of birth in the calendar year.

## 5 - Voluntary Accidental Death and Dismemberment Insurance (AD&D) (Employee Paid)

Type of Plan: <input type="checkbox"/> Single Only <input type="checkbox"/> Family Plan <input type="checkbox"/> I do not wish to purchase coverage	Benefit Amount Selected (Max Coverage \$500,000 (Units of \$10,000))
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For information and cost, please visit [help.torontomu.ca/askhr](http://help.torontomu.ca/askhr).

## 6A - Beneficiary Information ☐ New ☐ Change ☐ No change

Beneficiary for Life Insurance (including Supplemental Life), Business Travel Accident and Voluntary Accident Insurance (if applicable).

**Please note that the Beneficiary(ies) listed below supersede all previous Beneficiary designations.**

Last Name	First Name	Relationship to Employee	Percentage %
Last Name	First Name	Relationship to Employee	Percentage %
Last Name	First Name	Relationship to Employee	Percentage %

**MUST EQUAL 100%**

**If you are nominating a beneficiary who is a minor (under age 18), you must complete SECTION 6C.** According to legal requirements, Sun Life Assurance Company of Canada cannot pay benefits to beneficiaries who are minors, a TRUSTEE must be designated. If you do not nominate a beneficiary, the proceeds will be paid to your estate and therefore may be subject to estate taxes and creditors. In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. A revocable nomination can be changed at any time without the beneficiary's consent. You cannot change an irrevocable beneficiary nomination unless certain requirements are met. ☐ Revocable Beneficiary

## 6B - Appointing Contingent Beneficiaries ☐ New ☐ Change ☐ No change

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. Unless I specify otherwise, my contingent beneficiaries will apply to all my benefits.

Last Name	First Name	Relationship to Employee	Percentage %
Last Name	First Name	Relationship to Employee	Percentage %

*In Quebec, if you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box:* ☐ Revocable Beneficiary

**MUST EQUAL 100%**

## 6C - Nomination of Trustee for Minor Beneficiary

If you wish to designate minor children (under the age of 18) as beneficiaries, a trustee must be designated. Any payments becoming due while the beneficiary(ies) is a minor are to be made payable to \_\_\_\_\_ as trustee, or failing such trustee to the duly appointed guardian of such minor child as trustee. Payment to the trustee will discharge Sun Life Assurance Company of Canada. Details for Quebec residents will differ, please contact Human Resources.

**Note:** In Quebec, any amount payable to a minor beneficiary during his/her minority will be paid to the parent(s) or legal guardian on his/her behalf.

## 7 - Signature for Beneficiary Designation and Privacy Authorization

### Please read this section carefully.

You must be authorized to disclose information about your spouse and dependents in order to enrol them in the Plan.

#### By enrolling in this Plan, I authorize the following:

1. This signature for beneficiary designation below reflects my genuine wishes for nominating a beneficiary for Life Insurance (including Supplemental Life if applicable), Business Travel Accident and Voluntary Accident Insurance (if applicable).
2. Sun Life Assurance Company of Canada, their agents and service providers to use and exchange information collected in this form to underwrite, administer, adjudicate claims, and deposit claim payments.
3. My Plan Sponsor, Toronto Metropolitan University, to use the information collected in this form for benefits administration, to disclose my salary information, my TMU e-mail address and my mailing address to Sun Life Assurance Company of Canada and their agents and service providers for benefit administration and to make any necessary payroll deductions which may be required for benefit administration.
4. My plan sponsor, Toronto Metropolitan University, to provide my name and employee number to the Employee and Family Assistance Plan (EFAP) provider for determining eligibility for the program.

**I declare that the information above is accurate and true. Inaccurate information may invalidate my claim.**

### Please sign this form in ink or with an electronic signature.

You must provide a written signature; you cannot just type your name into the signature line.

Employee Signature	Date
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