ELCIC Group Services Inc.

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CONTINUING EDUCATION PLAN (CEP) ENROLLMENT FORM

Member Information:

	Last	*First*	*Initial*	Member Number: *(if known)*	
Name:					

Beneficiary Appointment

Last Name	First Name	Birth Date: *(d/m/y)* (If minor, complete Trustee Appointment)	Address (If different from member)	Relationship	S.I.N.	% Share*

If more space is required, provide information on reverse. * *(Must equal 100%)*

Trustee Appointment for Minors

_____ , _____ **of** _____,

First, Initial, Last Name ***Relationship*** ***Address***

if living, shall be and is hereby appointed trustee to receive and disburse any monies payable hereunder to such child(ren) aforesaid during minority, or failing such trustee, to the duly appointed guardian of such minor child(ren) as trustee. Payment so made to said trustee shall discharge the payer to the extent of such payment.

Authorization Employee

I certify that all information contained hereon is correct. I authorize my employer to deduct from my earnings the contributions required for the program. I consent to the information provided here being collected, used and disclosed by ELCIC Group Services Inc. (GSI) for purposes of activities related to the efficient administration of my entitlements under the continuing education plan. I consent to GSI disclosing and/or obtaining information to and from the Program Committee for Leadership in Ministry (PCLM).

I understand that I have the right to access the personal information in my file, and if necessary, correct any inaccurate information.

Employee's Signature _____ **Date** _____
Day Month Year

Authorization Employer

I certify that will participate in the Continuing Education Plan as outlined in the CEP policy. We agree further to abide by the procedures for approving study leaves and to continue to pay our employee's salary and benefits during the short term leave and to arrange assistance during his/her absence.

Employer (Congregation) Name _____ **Employer Code** _____

Employer's Signature _____ **Date** _____
Day Month Year

Title of Signer _____

Return completed form to ELCIC Group Services Inc.

We recognize and respect every individual's right to privacy. Refer to the GSI website for our complete Privacy Policy.