

ELCIC Group Services Inc.

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CHANGE OF MARITAL STATUS

Member Information

Member name:	<small>Last</small>	<small>First</small>	Member number:	
Home Address:	<small>Street</small>	<small>City & Province</small>	<small>Postal Code</small>	
E-mail Address:		Home Telephone:		

Change in Marital Status: (attach copies of supporting legal documents such as marriage certificate, separation agreement, death certificate etc.)	From: <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> separated	<input type="checkbox"/> divorced <input type="checkbox"/> widowed <input type="checkbox"/> common-law	To: <input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced	<input type="checkbox"/> widowed <input type="checkbox"/> common-law	Date of Change (d/m/y)

Spouse / Dependent Information (See definitions listed below)

Relationship to Employee	Last Name	First Name	Gender (M/F)	Date of Birth (d/m/y)	S.I.N.
Spouse					
Child					Not Required
Child					Not Required
Child					Not Required
Child					Not Required

Spouse – The person to whom you are legally married; or a person continuously living with you in a role like that of a marriage partner for at least one year.

Dependent Child/ Children – Your natural or legally adopted child (dependent on you or your spouse for financial support), or a stepchild, who is: unmarried; under age 21, or under age 25 if a full-time student; not employed on a full-time basis; and not eligible for insurance as an employee under this or any other group benefit program.

Extended Health and Dental Plan Options

Does your spouse have extended health and/or dental benefits through his/her current employer that includes coverage for you and your dependents? **YES** **NO**

If "YES", you must select one of the following options:

- You may **WAIVE** your extended health and/or dental coverage. If at any time your spouse loses his/her extended health and/or dental coverage, you must enroll for coverage of these benefits under your true family status.
- You may **CO-ORDINATE** your extended health and/or dental benefits with those of your spouse. Co-ordination of benefits allows for reimbursement of insured medical and dental expenses from both yours and your spouse's plans, up to a total of 100% of the actual expense incurred.

Authorization

A. I wish to **WAIVE** the following benefits: Extended Health Dental
 (A letter from your spouse's employer confirming your coverage under his/her plans must be attached to this completed form.)

OR

B. I wish to **CO-ORDINATE** the following benefits with those of my spouse: Extended Health Dental

Effective Date of Spouse's Coverage: (d/m/y) _____ Spouse's Insurance Carrier: _____

Spouse's Group/Plan #: _____ Spouse's Plan Member/Certificate #: _____

I certify that all information contained hereon is correct. I request my employer to arrange for the issuance of group coverage for which I am eligible. I understand that if I have eligible dependents I will automatically be enrolled with family coverage. I authorize my employer to deduct from my earnings the contributions, if any, required for the coverage.

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 benefits plan. I consent to GSI disclosing and/or obtaining information to and from its agents and services providers, including, but not limited to insurers, benefits providers or administrators and benefits consultants.

If applying for benefits for my dependents, I am authorized to release information concerning my spouse and my dependents.

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

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.

Revised 05/2016