

You must complete a Dependent Information form each time there is a change in your dependent information. If Great-West Life does not receive your form, your dependent claims will not be processed. For Single and Family status changes, Active Members must contact Access HR (accesshr@canadapost.ca) and Retired Members must contact Benefits Administration Services at Great-West Life (BAS@gwl.ca).

**EMPLOYEE INFORMATION**

Last Name	First Name	Employee ID Number	Date of Birth
			Year Month Day
Home Address: _____ Street _____			
<input type="checkbox"/> Active	City _____	Province _____	Postal Code _____ Home Tel. (_____) _____ Area Code _____

**DEPENDENT INFORMATION**

This section must be completed if you are adding or deleting a dependent or updating dependent information. If there are more than four dependents, please attach a separate list. Please print clearly, in INK.

**Effective date of change:** Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

**Reason for change:**  Birth of child  Divorce  Other (please specify) \_\_\_\_\_  
 Marriage  Cohabitation

**SPOUSAL INFORMATION**

Add	Change	Last Name	First Name	Date of marriage/ Start of cohabitation	Date of Birth	Gender
<input type="checkbox"/>	<input type="checkbox"/>			Year Month Day	Year Month Day	<input type="checkbox"/> Male <input type="checkbox"/> Female
Delete	<input type="checkbox"/>	Last Name	First Name	Effective Date		
				Year Month Day		

Are all the children listed below also covered under your spouse's plan?  Yes  No

If not, please indicate which children are not eligible under your spouse's other coverage.

What group benefits coverage does your spouse have through his/her employer?

Extended Health Care				Dental Care				Vision and Hearing Care				Drugs			
Single	Family	Waived	None	Single	Family	Waived	None	Single	Family	Waived	None	Single	Family	Waived	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Spouse's Insurance Carrier: \_\_\_\_\_ Spouse's Plan Number: \_\_\_\_\_ Spouse's ID Number: \_\_\_\_\_

**DEPENDENT CHILDREN INFORMATION**

Add	Change	Delete	Last Name	First Name	Gender	Date of Birth	Full-Time Student	Dependent with a Disability
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Male Female	Year Month Day	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

If you have a dependent with a disability please note that their disability will be reviewed following their 21st birthday.

**PRIVACY**

This section explains Great-West Life's commitment to privacy.

**Protecting Your Personal Information**

At The Great-West Life Assurance Company, we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. We collect, use and disclose the personal information to determine your eligibility for coverage and to administer the plan, including investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines or if you have questions about our personal information policies and practices (including with respect to service providers) write to Great-West Life's Chief Compliance Officer or refer to [www.greatwestlife.com](http://www.greatwestlife.com).

**AUTHORIZATIONS AND DECLARATIONS**

This section must be signed and dated in INK by the employee.

**Authorizations and Declarations**

I hereby apply for coverage for my spouse and/or unmarried dependent children under the group benefits plan and I confirm that I am authorized to act on their behalf.

I authorize:

- Great-West Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Great-West Life to exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

I agree that a photocopy or electronic copy of this Authorization and Declarations section is as valid as the original.

I certify that the information given is true, correct and complete to the best of my knowledge.

**For Québec applicants:** I request that this form be in English  
Je demande que ce formulaire me soit remis en anglais.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS**

**Active employees mail completed form to:**  
THE GREAT-WEST LIFE ASSURANCE COMPANY  
Group Electronic Enrollment 4 South  
PO Box 6000 Station Main  
WINNIPEG MB R3C 3A5  
Fax: 204-946-4699  
Email: [CPCdeppformGEE@gwl.ca](mailto:CPCdeppformGEE@gwl.ca)

**Retired employees mail completed form to:**  
THE GREAT-WEST LIFE ASSURANCE COMPANY  
Benefits Administration Services - D227  
PO Box 6000 Station Main  
WINNIPEG MB R3C 9Z9  
Fax: 204-946-7405  
Email: [BAS@gwl.ca](mailto:BAS@gwl.ca)