

PLEASE INDICATE THE APPLICABLE PLAN NUMBER(S):

DEPENDENT INFORMATION



EMPLOYEE STATUS:

You must complete a Dependent Information form each time there is a change in your family status i.e. marriage, divorce, birth of your child, coordination of benefit changes and student status. If Canada Life does not receive your form, your dependent claims will not be processed.

 ☐ 51391 (Extended Health Care Plan) ☐ 51392 (Vision and Hearing Care Plan) ☐ 162954 (Extended Health Care Plan for Retired Manage 		☐ 51390 (Extended Health Care Plan for Executives) ☐ 51057 (Dental Care Plan) ement & Exempt and Executives)				☐ Active ☐ Retired	
EMPLOYEE INF	ODMATION	•	·		•		
Last Name	ORMATION	First Name			Employee ID Number	er D	ate of Birth
						Ye	ar Month Day
Home Address:	Street						
	hicot				Home Tel ()	
	City	Provin	nce	Р	Home Tel. (_ lostal Code Are	ea Code	
Gender \square Male	Undisclosed	Female Other					
DEPENDENT IN	FORMATION						
This section must lease attach a se	be completed if you parate list. Pleas	ou are adding or deleting are print clearly, in INK.	a dependent or ι	updating depen	dent information. If there a	are more than f	our dependents,
Effective date of	f change:	Reason for change:					
Year Mont	th Day	\square Birth of child	Divorce	Othe	er (please specify)		
SPOUSAL INFO	DRMATION .	¬ □ Marriage	☐ Cohabitation	Date of	marriage/cohabitation:	Year	Month Day
Add Change	Last Name	F	irst Name		Date of Birth	G	ender
ПП					Year Month D	Male	Undisclosed
Delete	Last Name	-	irst Name				e Other
Delete	Last Name	Г	irst name			Ye	
What group ben	efits coverage d	loes your spouse have t	hrough his/her	employer?			
•	l Health Care	Dental C	•		nd Hearing Care	D	rugs
	y Waived None	Single Family Wa			mily Waived None		y Waived None
Name of Spouse'	s Insurance Carr	ier:		Spouse's Pla	n Number: S	Spouse's ID Nu	mber:
					II Mullibel. — — 3		
DEPENDENT C	HILD INFORM	ATION			ii Nulliber.		
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Active employees mail completed form to: THE CANADA LIFE ASSURANCE COMPANY Group Electronic Enrollment 4 South

Email: CPCdepformGEE@canadalife.com

PO Box 6000 Station Main WINNIPEG MB R3C 3A5 Fax: 204-946-4699 Retired employees mail completed form to: THE CANADA LIFE ASSURANCE COMPANY Benefits Administration Services - D227 PO Box 6000 Station Main WINNIPEG MB R3C 9Z9

WINNIPEG MB R3C 9Z9 Fax: 204-946-7405 Email: BAS@canadalife.com