



**THE UNITED CHURCH OF CANADA
 PENSION AND GROUP BENEFITS PLANS
 ENROLMENT, LIFE EVENT AND DECLARATION OF DEPENDANTS FORM**

Membership in the Pension and Group Benefits Plan is mandatory for all employees who work 14 or more hours per week. Forms must be completed and returned to the Benefits Centre **within 60 days** of enrolment or qualifying life event.

The United Church of Canada Group Benefits Plan is composed of core benefits and optional coverages, including optional life and optional AD&D insurance. Details about coverage options are available on the Benefits Centre website at <http://uccbenefits.ca>. To add dependents to the Active plan or elect optional coverage for the member or dependents, complete each step of this form and return to the address noted above. Changes to the Benefits Plan are only allowed when a qualifying life event has occurred. Election of life insurance without evidence of insurability is permitted at initial enrolment only.

For new enrolments, complete the full form. For change of information, such as changes to spouse, dependant and beneficiary designations, complete Section 1, 2, 3, 6. To change a beneficiary, please complete the **Group Insurance Beneficiary Designation Form** and if applicable, **Pension Plan Spouse Declaration and Beneficiary Designation Form** found in the [Document Library](#) on the Benefits Centre website. Designation of a beneficiary will not be revoked or automatically changed by any future event (including marriage or divorce) unless required by law or regulation. Subject to applicable legislation, while an active member, the Pension and Group Benefits Plan will follow the last filed and signed Beneficiary Designation Form.

- New Enrolment
- Change of Information

STEP 1 - MEMBER INFORMATION
Member Name (last, first)
Employee ID
SIN
Date of birth (mm/dd/yyyy)
Gender
Address
Email
Telephone
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated* <input type="checkbox"/> Divorced *
*If you are separated or divorced while a member of the Pension Plan, you must provide a copy of your divorce/separation agreement as it details the division of pension entitlement.
Date of Separation (mm/dd/yyyy) (If Applicable)
Date of Divorce (mm/dd/yyyy) (If Applicable)

Member Initials: _____

Member Name	Employee ID
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STEP 2 – LIFE EVENT

Type of Life Event (Refer to Benefits for Active Members Booklet, Change in Status Section)

Marriage
 Common-Law
 Divorce
 Birth/Adoption
 Loss/Gain of Coverage

Qualifying Event Date (mm/dd/yyyy)

STEP 3 – DECLARATION OF DEPENDENTS

Spouse and/or eligible children must be declared below. If there are more than five dependents, attach a separate sheet with the applicable information.

Dependant's Name (last, first)	Gender	Date of birth (mm/dd/yyyy)	Relationship	Check applicable box if child is 21 or older	Check box below if dependant is covered under another private plan
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>
			<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> Student <input type="checkbox"/> Disabled	<input type="checkbox"/>

STEP 4 – NON-SMOKER/SMOKER DECLARATION

Indicate by initialing the appropriate box:	MEMBER	SPOUSE
I certify, as a true fact, that I and/or my spouse have used tobacco products in the 12-month period immediately preceding the date written in Step 6.		
I certify, as a true fact, that I and/or my spouse have not used tobacco products in the 12-month period immediately preceding the date written in Step 6.		

Member Initials: _____

Member Name	Employee ID
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STEP 5 – ELECTION OF OPTIONAL PLAN

I elect to participate in the Optional Group Insurance plans as follows:

Member Optional Life ^{1,2}	<input type="checkbox"/> Yes <input type="checkbox"/> No	Units of \$10,000 to a maximum of \$500,000 No. of units: _____ \$ _____	I am a <input type="checkbox"/> Non Smoker <input type="checkbox"/> Smoker
Spouse / Common-Law Partner Optional Life ^{1,2}	<input type="checkbox"/> Yes <input type="checkbox"/> No	Units of \$10,000 to a maximum of \$150,000 No. of units: _____ \$ _____	Spouse is a <input type="checkbox"/> Non Smoker <input type="checkbox"/> Smoker
Optional AD&D	<input type="checkbox"/> Yes <input type="checkbox"/> No	Units of \$10,000 to a maximum of \$250,000 No. of units: _____ \$ _____	

Note:

1. If applying for, or increasing, optional life coverage for the member or spouse outside of 90 days of original enrolment, an Evidence of Insurability form must be submitted to the Insurer for approval. Contact the Benefits Centre for this form.
2. The Plan provides a \$100,000 non-evidence maximum on optional life for both member and spouse/common law partner if applied within 90 days of original enrolment.

STEP 6 – MEMBER AUTHORIZATION

I understand that I have the right to change this information at any time by completing another form and filing with the Benefits Centre, subject to the provisions of any applicable law or regulation. I certify that the information on this form is true and complete.

Member Signature

Date (mm/dd/yyyy)

Privacy Statement: The Plans will collect, maintain and communicate only the personal information considered necessary for the administration of the Plans. Personal information will be protected pursuant to the applicable legislation. The Plans may use and exchange information with relevant persons or organizations (The United Church, health professionals, institutions, investigate agencies, insurers, re-insurers, legal counsel, actuaries, etc.) in order to manage the Plans and entitlement to the benefits of the Plans. Questions related to the Privacy Policy should be directed to the Benefits Centre.