

**THE Great-West Life APPLICATION FOR GROUP COVERAGE**  
ASSURANCE COMPANY

For GWL Head Office Use Only  
GWL Certificate Number

Please print clearly and complete both sides of this form, in INK. Section 1 is to be completed by the plan administrator and sections 2 through 7 are to be completed by the plan member.

**1. Plan Sponsor Section**

This section is to be completed by the plan administrator.

Plan number: 106710 Division number: \_\_\_\_\_ Benefit Class: 2  
 Plan sponsor: Nishnawbe Aski Legal Services  
 Plan member ID: 202 Cost centre (if applicable): \_\_\_\_\_  
 Eligible date of employment: Month Oct Day 2 Year 2017  
 Effective date of coverage: Month Jan Day 2 Year 2018  
 Occupation: Glacier Massage Earnings: \$ 50,000 per year  month  week  hour  
 Plan member province of residence: ON Plan member province of employment: ON

**2. Plan Member Information**

This section is to be completed by the plan member.

Please print clearly in INK.

Plan member name (print): ZACCOLE Terri  
 last name first name middle initial  
 Gender:  Male  Female Date of birth: Month 03 Day 10 Year 1970  
 Plan member mailing address:  
 Street address: 421 York St  
 City: Thunder Bay Province: Ontario Postal code: P7A 7S1  
 Do you have a spouse (married, common-law or civil union spouse)?  Yes  No  
 Do you have dependant children, including full time students or disabled adults?  Yes  No  
 How many dependants in total, including spouse? 1

**3. Refusal of Benefits**

This section is to be completed by the plan member.

**Note:** Health and/or dental coverage can only be refused if you and/or your dependants are covered by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I **decline** to participate in:

Healthcare for  myself and my dependants  my dependants only  
 Dentalcare for  myself and my dependants  my dependants only

Spousal insurer's name: \_\_\_\_\_ Plan number: \_\_\_\_\_

**If you lose spousal coverage you must apply for coverage within 31 days of loss of such coverage. If you do not apply within 31 days you and your dependants may be required to provide proof of insurability acceptable to Great-West Life to be covered. If you are approved, coverage for dental benefits may be limited.**

Please see your plan administrator for details.

**4. Beneficiary Designation**

This section must be completed to designate a beneficiary for your life benefits, if applicable.

The original of this form will be required for a life claim. Crossed out beneficiary designations must be initialed. Please print clearly in INK.

Beneficiary's name(s)	Percent allocated	Relationship to plan member
last name <u>KING</u> first name <u>Michael J F</u> middle initial _____	_____	<u>SON</u>
last name <u>KING</u> first name <u>Cody James</u> middle initial _____	_____	<u>SON</u>
last name <u>KING</u> first name <u>Lorne Christopher</u> middle initial _____	_____	<u>SON</u>

To be divided as follows:  As per the percentages indicated above, or  In equal shares to the survivor(s)

You may change this beneficiary designation at any time upon notice to Great-West Life. If you wish to make the beneficiary designation irrevocable (meaning you may not change the designation or make certain changes to your coverage under the plan without the written consent of the beneficiary) please complete form #M6348 BIL.

**Note:** Where Quebec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the box marked "Revocable", below.

I hereby make the above beneficiary designation:

Revocable, I may change this beneficiary designation at any time

**For Quebec Applicants Only** - Benefits payable under this plan to a beneficiary who, at the time payment is to be made, is a minor or lacks legal capacity, will be paid to his/her tutor(s) or curator(s), unless a valid trust has been established for the benefit of the beneficiary, by Will or by separate contract, to receive any such payment and Great-West Life has been provided notice of the trust. If a valid trust has already been established, designate the trust as the beneficiary in this section. **Before designating a trust, you should seek legal advice.**

**For All Other Applicants** - If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator by completing form #M6242 BIL. This appointment may not be suitable for all purposes. **Before designating a trustee, you should seek legal advice.**



