



## **ENROLMENT FORM INSTRUCTIONS**

**Please clearly print all information in ink.**

### **SECTION A - PERSONAL INFORMATION (to be completed by the employee)**

1. Clearly print your name and full mailing address including postal code.
2. Enter date of birth in year, month, day format and mark an "x" to indicate gender and family status.
3. Enter your e-mail address and banking information to have your claims processed electronically. Your bank account will be automatically credited in the amount of your claim. An Explanation of Benefits will be sent to you via e-mail.

### **SECTION B - DEPENDENT ENROLMENT (to be completed by the employee)**

1. Print last and first name of each person eligible to be covered under your employer's benefit plan. Attach separate sheet if additional space is required.
2. Enter the full birth date in year, month, day format for each dependent. Please ensure the accuracy of birth dates as it will affect claims payment and dependent eligibility.
3. Indicate gender of dependent.

### **SECTION C - CO-ORDINATION OF BENEFITS (to be completed by the employee)**

For Extended Health Care and Dental Care, indicate if coverage for you or your dependents is also available from another source

### **SECTION D - EMPLOYEE SIGNATURE AND AUTHORIZATION (to be completed by the employee)**

**This form must be signed and dated by the employee.**

### **SECTION E - EMPLOYMENT INFORMATION (to be completed by the employer)**

1. Enter your company name (Employer Name) and Group Number if not already pre-filled (please print).
2. Enter the actual date that full-time employment and/or part-time employment commenced.
3. Enter the HSA Option Number applicable to the employee.
4. Sign and date to authorize the enrollment of the employee.

**TO AVOID DELAYS, PLEASE ENSURE ALL REQUIRED INFORMATION IS PROVIDED.**

#### **SEND COMPLETED ENROLMENT FORM TO:**

MDM Insurance Services Inc.  
P.O. Box 970  
Guelph, Ontario N1H 6N1