

## APPLICATION TO WAIVE WAITING PERIOD

Complete this form to apply to waive the Waiting Period for new employees. Waiving of the Waiting Period is subject to approval by MDM. Upon review further documentation or clarification may be required.

Please return this form to: MDM Insurance Services Inc., P.O. Box 970, Guelph, ON, N1H 6N1.

### Privacy Statement

MDM Insurance Services Inc. is committed to protecting the privacy, confidentiality, accuracy, and security of the personal information that it collects, uses, retains, and discloses in the course of conducting business.

### A. EMPLOYER INFORMATION

Name of Employer:	Group No.	Class No.
-------------------	-----------	-----------

### B. EMPLOYEE INFORMATION

Name:	Date of Birth:
-------	----------------

### C. EMPLOYEE DECLARATION & SIGNATURE

- Did you have coverage with another insurance company prior to your date of hire with the current employer?  Yes  No
- What date did your coverage with your previous insurer cease? \_\_\_\_\_
- What coverage did you have under your previous plan? Please check all that apply.  
 Life  AD&D  Dependent Life  Short Term Disability  Long Term Disability  Health Care  Dental Care

As required under the group policy, I hereby apply for waiver of the Waiting Period. I declare that the information contained herein is true, complete, and accurate. I understand that the submission of false or incomplete information may result in denial of coverage or the delay or denial of any claim. I understand such information is necessary to determine eligibility for coverage, adjudicate all claims, and administer the group benefits plan. Any copy of this authorization shall be as valid as the original.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### D. EMPLOYER DECLARATION & SIGNATURE

We hereby apply for the waiving of the Waiting Period for this employee because:

- Senior Executive  Condition of Offer of Employment  
 Has been a part-time employee since: \_\_\_\_\_  Other: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### E. MDM OFFICE USE ONLY

The application to waive the Waiting Period for the above named employee has been reviewed and approved by MDM Insurance Services Inc.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_