

# ENROLMENT OR CHANGE FORM

Please complete this form to enrol a new plan member for benefits  
OR to update an existing plan member's information.



PLEASE PRINT CLEARLY

SECTION 1 – TO BE COMPLETED BY THE PLAN ADMINISTRATOR						
<b>PLAN SPONSOR INFORMATION</b>	Name of Plan Sponsor		Contract Reference Code	Billing Division	Package/Class	
<b>NOTIFICATION</b> Please check the appropriate box and also be sure to provide the effective date AND the Green Shield Canada (GSC) ID number for existing plan members.	<input type="checkbox"/> New Employee <input type="checkbox"/> Rehire <input type="checkbox"/> Terminate <input type="checkbox"/> Add Dependents <input type="checkbox"/> Terminate Dependents <input type="checkbox"/> Address Change <input type="checkbox"/> Coordination of Benefits (COB) Change <input type="checkbox"/> Other _____			Effective Date ____ / ____ / ____ YEAR MONTH DAY  Date of Hire ____ / ____ / ____ YEAR MONTH DAY  Does a waiting period apply to this application? (e.g. 3 months) <input type="checkbox"/> No <input type="checkbox"/> Yes _____	GSC ID Number  Additional Comments	
	SECTION 2 – TO BE COMPLETED BY THE PLAN MEMBER					
<b>PLAN MEMBER INFORMATION</b>	Surname		First Name and Middle Initial		Preferred First Name	
	Address			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed	NIHB <input type="checkbox"/> Yes	
	City	Province	Postal Code	Date of Birth ____ / ____ / ____ YEAR MONTH DAY	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	
	Email Address		Employment Status <input type="checkbox"/> Active <input type="checkbox"/> Retiree	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law	Employee Number	
<b>COVERAGE INFORMATION</b> Please be sure to complete your spouse's insurance carrier information, if applicable, for COB purposes.	<b>Coverage with GSC:</b> Please indicate the type of coverage you are applying for with GSC. You may refuse coverage ONLY if you are covered by your spouse's insurance carrier.  Health <input type="checkbox"/> Yes <input type="checkbox"/> No Dental <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Spousal Coverage:</b> Spouse's Insurance Carrier: _____  Plan/Contract Number: _____  Please indicate the type of coverage under your spouse's plan:  Health <input type="checkbox"/> Yes <input type="checkbox"/> No Dental <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>See COB section on next page</b>			
	<b>COORDINATION OF BENEFITS</b> If your spouse has other benefit coverage, claims will be paid according to Industry standards: First, your spouse must submit claims to their benefit plan (this is your spouse's primary benefit plan). Next, submit the unpaid portion to your GSC plan (this is your spouse's secondary plan). <b>Your children's claims:</b> First, submit your children's claims to the plan of the parent whose birthday falls earliest in the year regardless of the year of birth. (That's the primary plan.) Next, submit the unpaid portion to the other parent's plan (the secondary plan).  In situations of separation or divorce, the following order applies when determining which of the adults are responsible for the coverage of the children: (1) the plan of the parent with custody of the child (2) the plan of the spouse of the parent with custody of the child (3) the plan of the parent not having custody of the child (4) the plan of the spouse of the parent not having custody of the child  <b>Please indicate with an "S" on next page if your child is secondary with GSC.</b>					

<b>DEPENDENT INFORMATION</b> For additional dependents, please attach another form, completing only the Dependent Information section.		Surname	First Name	Date of Birth	Sex	NIHB	Full Time Student	Dependent with Special Needs	Secondary with GSC "S"
	Spouse			____ / ____ / ____ YEAR MONTH DAY	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Yes			
	Child			____ / ____ / ____ YEAR MONTH DAY	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Child			____ / ____ / ____ YEAR MONTH DAY	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
	Child			____ / ____ / ____ YEAR MONTH DAY	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	

**AUTHORIZATION AND CONSENT**  
 For further information on our privacy policies and procedures, please refer to our website at greenshield.ca.

At Green Shield Canada (“GSC,” “we,” “us” or “our”), respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with the services for which we have been engaged, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, “you” or “your”), which may include name, age, claims history, income, email address, service providers that may have been used and banking information. We may do this for various purposes related to the administration of your benefits plan and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, or for health management purposes or programs; collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the administration of your benefit plan. In carrying-out these purposes, we may collect, receive, share or disclose your personal information with others outside of GSC, including, but not limited to: your employer, sponsor(s) of your benefit plan, and insurance advisors, if your benefits are provided through your employer’s group benefits plan; benefits providers (e.g. pharmacists, massage therapists); professional regulatory bodies (e.g. College of Pharmacists); government agencies; applicable law enforcement bodies (local, provincial and federal); industry drug pooling entities (e.g. Canadian Drug Insurance Pooling Corporation); GSC’s third party service providers who assist us in administering your benefits plan and providing you with other related products and services and such other third parties as may be appropriate or reasonably necessary in carrying out the purposes set out above. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at [www.greenshield.ca](http://www.greenshield.ca), which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on [www.greenshield.ca](http://www.greenshield.ca). You can contact our Privacy Officer at [privacy.office@greenshield.ca](mailto:privacy.office@greenshield.ca) if you have a question or complaint.

**By signing below, you are providing your consent to GSC’s collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to GSC at [privacy.office@greenshield.ca](mailto:privacy.office@greenshield.ca), but, if you do so, GSC will no longer be able to administer your benefits plan and process your claims.**

Plan Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_