

ENROLMENT INSTRUCTIONS

Group Benefits Plan

Please complete the: **Enrolment Form**
Evidence of Insurability
Pre-Authorized Payment Plan Form

Enrolment Form

1. **Please insert the name of your association.**
2. **Group No. is 540845 – please ignore Division & Certificate Number**

Evidence of Insurability

1. **Contract/ Group Policy No. is 540845**
2. **Please ignore Account or Division No.**
3. **Please ignore Purpose Of This Evidence Of Insurability**

The Enrolment Form and Evidence of Insurability must be completed and submitted by mail (original signature required), along with the completed Pre-authorized Payment Plan form and a cheque for the first month's premium to:



**Main Floor, 10109-106 Street
Edmonton, Alberta T5J 3L7
Attn: Life & Health Division**

Thank you for your business!

**Brian Rose
Benefits Specialist**