



ENROLMENT FORM

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 Calgary AB, T3L 0C6
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Plan Number: _____ **Company Name:** _____
(Please Print)

EMPLOYEE INFORMATION

****Relationship code - EE-employee, SP- spouse, CHD - Child, OTR - Other****

Last Name	First Name	Male/Female	Date of Birth (DD / MM / YY)	Relationship Code to Employee (code)	Class Name
				EE	

DEPENDENT INFORMATION

****Relationship code - EE-employee, SP- spouse, CHD - Child, OTR - Other****

Last Name	First Name	Male/Female	Date of Birth (DD / MM / YY)	Relationship Code to Employee (code)	Class Name

AUTHORIZATION and CERTIFICATION

Please fill in all areas and sign the completed form. Incomplete or incorrect forms will be returned and / or rejected and will result in a delay in processing. I authorize the release of the above information and records submitted to BeneCo, my employer and my employer's plan administrator or their agents. I certify that the information given is true to the best of my knowledge.

I certify that any claims I submit are for legitimate medical or dental expenses incurred by myself and / or my dependents. Further it is agreed and understood that the any submission will adhere to the guidelines of Canada Revenue Agency (CRA) regarding acceptable medical or dental expenses (IT Bulletin 519R2). At no time in the future will I or my dependents hold BeneCo and / or my employer responsible for those expenses disallowed by CRA. I agree to reimburse BeneCo and / or my employer for any such disallowed expenses.

Employee Signature _____ **Date** _____

Employer Signature _____ **Date** _____