

Welcome to The Great-West Life Assurance Company!

Attached you will find an Application for Group Coverage. Great-West Life requires that you complete this form in order to ensure that the information contained in our systems for you and your eligible dependents is up-to-date and accurate.

Below is a summary of the information on the Application and how it should be completed:

**Section 1 – Plan Sponsor Section**

*This section is to be completed by your administrator.*

**Section 2 – Plan Member Information**

Please complete this entire section.

**Section 3 – Refusal of Benefits**

- a) This section should be completed ONLY if you want to waive Health and Dental benefits under this plan. Benefits may only be waived if you are covered under your spouse's plan.
- b) Spousal Insurer's Name  
If your spouse has group benefit coverage through their employer, please ensure that you complete the information with respect to the other insurer's Name and Policy Number(s).

**Section 4 – Beneficiary Designation**

Please complete this section. Once you have listed your beneficiary(ies), you must indicate whether they are "revocable" or "irrevocable." *We encourage you to consider designating your beneficiary(ies) as being revocable unless you are absolutely sure that you would never want to change the beneficiary(ies) you have identified on this form.* For Quebec employees, please read the "Note" on this matter.

If you are naming a minor beneficiary(ies), please ensure that you assign a trustee.

**Section 5 – Dependent Information**

- a) If you have a spouse, please indicate his / her full name, date of birth and gender.
- b) If your spouse has group coverage through their employer, please complete the section outlining which benefits and coverage he or she has.
- c) If you have eligible dependent children, please indicate their full name, date of birth, gender and whether or not they are a full-time student and / or disabled.

**Section 6 – Privacy**

Great-West Life's Privacy Policy.

**Section 7 - Authorization**

Please sign and date the authorization at the bottom of the application.

Please return your completed Application to your Administrator.

We thank you for your attention to the above and the enclosed, and look forward to administering your group benefits plan.

**The Great-West Life Assurance Company**