

**Company:** \_\_\_\_\_ **Group:** \_\_\_\_\_ **ID:** \_\_\_\_\_**Employee:** \_\_\_\_\_  
First Name Initial Last Name Male/Female**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City Province Postal Code**Phone Number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_**Date of Birth (DMY)** \_\_\_\_\_**Birth Date (DMY)****Spouse:** \_\_\_\_\_**Dependants:** \_\_\_\_\_**Employee E-transfer for deposits email:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Employee's Authorizing Employer access to total of Benefits used:****Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_**Employee's Signature if coverage waived:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Employer Use****Employee Coverage Level:**☐ Single ☐ Couple ☐ Family☐ Full-time ☐ Part-time ☐ Seasonal**Employed Date:** \_\_\_\_\_ **Termination Date:** \_\_\_\_\_ **Effective Date:** \_\_\_\_\_**Employer's Signature:** \_\_\_\_\_Please return this form to your Administrator **A.S.A.P.**

then return to:

**CanHealth & Dental Plans Ltd.**  
**ATT: Administration**  
**PO Box 79**  
**Enderby, BC V0E 1V0****Phone:** (250) 838-6848 **Toll Free:** (866) 566-6848  
**Fax:** (250) 838-9562  
**Email:** [info@healthanddental.ca](mailto:info@healthanddental.ca)