

- GROUP INSURANCE APPLICATION**
- MODIFICATION(S) TO GROUP INSURANCE**
- REGISTRATION IN THE GROUP INSURANCE ADMINISTRATOR'S CENTRE**

Group No. 0 0 1 0 0 8	Employer No. 	Identification No. (provided by the Insurer at the time of enrolment)
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1. INFORMATION ABOUT PARTICIPANT

Group name FNEEQ - CSN (CÉGEPS)		Employer name		Employee's No.	
Last name		First name		Date of birth (YYYY/MM/DD) 	
Apt.		No., street		City	
Province		Postal code		Sex <input type="checkbox"/> F <input type="checkbox"/> M	
Language <input type="checkbox"/> English <input type="checkbox"/> French		Main phone 		Ext. 	
Phone (other) 		Ext. 		Email address ¹	
Note 1: By giving my email address, I consent to receiving only documents that concern my group insurance.					
Marital status <input type="checkbox"/> single <input type="checkbox"/> married or in a civil union <input type="checkbox"/> common-law <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> separated				Since (YYYY/MM/DD) 	
Employment date (YYYY/MM/DD) 		Eligibility date (YYYY/MM/DD) 		Employment status <input type="checkbox"/> Permanent <input type="checkbox"/> Contractual: _____	
Current title		Annual salary according to the % of task \$ _____		Work schedule <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time: _____%	
Were you insured under the FNEEQ contact prior today? <input type="checkbox"/> Yes <input type="checkbox"/> No				Termination date (YYYY/MM/DD) 	
If so, indicate employer's name: _____					

2. REASON(S) FOR MODIFICATION(S)

Reason: _____ Effective date of the event: | | | | | | | |
Marriage, temporary layoff, de facto separation, adoption, birth, death, etc.

3. BENEFITS

IMPORTANT: The information provided in this form must be interpreted in accordance with the contract provisions.

Health Insurance – Mandatory						
Module selection²		Coverage status				
<input type="checkbox"/> Module A: Basic coverage		<input type="checkbox"/> Individual <input type="checkbox"/> Exemption ³				
<input type="checkbox"/> Module B: Standard coverage		<input type="checkbox"/> Single-Parent (no spouse)				
<input type="checkbox"/> Module C: Extended coverage		<input type="checkbox"/> Couple (no eligible children)				
		<input type="checkbox"/> Family				
Dental Care Insurance						
Option selection		Coverage status⁴				
<input type="checkbox"/> Option 1: Basic coverage		<input type="checkbox"/> Individual <input type="checkbox"/> Exemption ³				
<input type="checkbox"/> Option 2: Extended coverage		<input type="checkbox"/> Single-Parent (no spouse)				
		<input type="checkbox"/> Couple (no eligible children)				
		<input type="checkbox"/> Family				
		<input type="checkbox"/> I terminate participation in this option.				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Enroll</td> <td style="padding: 2px 10px;">Add</td> <td style="padding: 2px 10px;">Remove</td> </tr> </table>				Enroll	Add	Remove
Enroll	Add	Remove				
Participant's Basic Life Insurance and Critical Illness Insurance^{5, 6 and 7}						
– 1 times the annual salary (minimum \$75,000) ⁸						
– 2 times the annual salary (minimum \$75,000) ⁸						
– Active participant age 70 and over (\$10,000)						
Dependents' Life Insurance^{6, 7 and 9}						
– Spouse under age 65: \$10,000						
– Spouse age 65 or over: \$5,000						
– Dependent child: \$5,000						
Optional Life Insurance¹⁰						
– Participant: 1 to 10 units of \$25,000	units	units	units			
– Spouse: 1 to 10 units of \$25,000	units	units	units			
Long-Term Disability Insurance¹¹						

Note 2: Minimum participation period of 12 months before increasing and of 36 months before decreasing. Furthermore, any coverage change request must be filed between November 1 and 30 of each year. The coverage change will come into effect on January 1 of the following year. | **Note 3: IMPORTANT** – To be exempt from these benefits, participants must provide the employer with proof of insurance under a group insurance contract with similar benefits for themselves and any dependents. | **Note 4:** The coverage plan must be the same for Health Insurance, except when the exemption entitlement is exercised for the Health Insurance benefit | **Note 5:** Participation in this benefit is mandatory for enrolling in other Life Insurance benefits and coverage of two times the annual salary is required for enrolling in Participant's Optional Life Insurance. The maximum lifetime amount payable under Critical Illness Insurance is \$25,000, subject to contract provisions. | **Note 6:** The Insurer pays the beneficiary the life insurance amount corresponding to the age of the participant at the time of death. | **Note 7:** No evidence of insurability is required to enrol in these benefits within 30 days of the date of eligibility or 30 days following the event. After this period, evidence of insurability is required at all times. | **Note 8:** The insurance amount is reduced by 50% at age 65. | **Note 9:** Required to enroll in Spouse's Optional Life Insurance. | **Note 10:** Evidence of insurability is required at all times. | **Note 11:** Mandatory participation for permanent employees and any teaching staff working in a college on the contract start date who have three years of seniority as of the first eligible contract, subject to the exemption entitlement.

