

GROUP LIFE & HEALTH ENROLLMENT FORM

(PLEASE COMPLETE USING BLOCK CAPITAL LETTERS)

CLIENT NAME: EASTERN CREDIT UNION				POLICY #	
MEMBER LAST NAME				MEMBER ENROLLMENT TYPE NEW REINSTATEMENT	
MEMBER FIRST NAME				DEPENDANT ENROLLMENT TYPE NEW REINSTATEMENT	
MEMBER ADDRESS				OCCUPATION _____	
CONTACT #	(H)	(O)	(M)	ANNUAL SALARY Numbers only field	
BRANCH				EMPLOYMENT DATE DD/MM/YY	
ECU MEMBER/ACCOUNT I.D					
SEX	MALE	FEMALE	DOB (DD/MM/YY)	E-MAIL ADDRESS	
MARITAL STATUS					
Single Married Common Law Divorced Widowed					

COVERED DEPENDANTS

List below your spouse and the name/s of unmarried children under 19 years. Unmarried student ages 19-25 years must submit a School Letter in order to be covered.

LAST NAME	FIRST NAME	SPOUSE SON DAUGHTER (Please state)	DOB DD/MM/YY	STUDENT Y-YES N-NO	SEX M-MALE F-FEMALE	ENROLLMENT TYPE 1-New 2-Reinstate	EFFECTIVE DATE DD/MM/YY

BENEFICIARIES *(List below)*

LAST NAME	FIRST NAME	RELATIONSHIP	DOB DD/MM/YY	SHARE %

If any beneficiary listed above dies before me, the interest of such beneficiary shall, unless otherwise provided above, accrue to the surviving beneficiaries or if none, to my estate. I reserve the right to change any beneficiary named above. I request membership of the group policy, as indicated above, for which I am or may become eligible. I agree, if admitted, to the deduction of the appropriate contribution from my salary, if applicable and to produce evidence of insurability if required. I hereby declare all statements and answers to the above questions are complete and true to my knowledge.

COVERAGE OPTION

Use a **v** to indicate the option selected

GROUP HEALTH INSURANCE	LIFE & AD&D COVERAGE: MAIN INSURED ONLY
OPTION 1: MAJOR MEDICAL MAXIMUM \$300,000	18 to 65 years: \$50,000
OPTION 2: MAJOR MEDICAL MAXIMUM \$500,000	
OPTION 3: MAJOR MEDICAL MAXIMUM \$1,000,000	
RETIREE COVERAGE: MAJOR MEDICAL MAXIMUM \$300,000	65 to 75 years: \$25,000

MEMBER SIGNATURE	PLAN ADMINISTRATOR SIGNATURE	COMPANY STAMP	DATE	DD/MM/YY
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THIS SECTION IS FOR INSURER USE ONLY

INSURER ADMINISTRATOR'S NOTES

INSURER ADMINISTRATOR'S APPROVAL

SIGNATURE: DATE: