

Employee Enrollment

TotalGuard

Section 1 - (To Be Completed by Employer)

Firm Name		Firm Province	
Firm Address			
Employee Last Name		Employee First Name	
Date of Birth (month/day/year) month day year		*Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undeclared <small>*Select male, female, or undeclared consistent with your current biological sex.</small>	
Province of Residence		Provincial Health Coverage (OHIP, RAMQ, etc.)	
In order to eligible for benefits, you and your dependents must be registered and covered through the applicable provincial plan			
Date of Full Time Hire (month/day/year) Month Day Year		Due to Reinstatement <input type="radio"/> Yes <input type="radio"/> No	Date of Rehire (month/day/year) month day year
Gross Earnings <input type="radio"/> Annual <input type="radio"/> Monthly <input type="radio"/> Bi-Weekly <input type="radio"/> Hourly		Occupation	
Months Worked Per Year		Hours Worked Per Week	Insurance Class (If applicable)
I confirm that the employee is eligible to apply for benefits coverage and the information provided is true and complete. I confirm that I have retained a copy of the completed form for my records.			
Signature of Employer		Date of Signature (month/day/year) month day year	

Section 2 - Coverage and Coordination of Benefits (To Be Completed by Employee)

Coverage Designation <input type="radio"/> Single <input type="radio"/> Family <input type="radio"/> Partial*		*Partial Coverage: Provides only the mandatory benefits included in your Employee Benefits plan (Life, AD&D, etc.) and does not provide EHC or Dental.	
Does your spouse have coverage elsewhere? <input type="radio"/> Yes <input type="radio"/> No		If yes, please indicate: <input type="radio"/> Single <input type="radio"/> Family	
If you and your dependents are covered under a spousal benefit plan, you may apply for EHC and Dental benefits at a later date without submitting medical evidence.			
If you and your dependents are not covered under a spousal plan and Partial is selected, satisfactory medical evidence will be required in order to add EHC and Dental at a later date.			

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Section 3 - Spousal Dependent

Spouse's Last Name			Spouse's First Name		
Date of Birth (month/day/year)		*Sex		*Select male, female, or undisclosed consistent with your current biological sex.	
month	day	year	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Undisclosed

If common-law, please provide the effective date of cohabitation (month/day/year):

Section 3 - Child Dependent(s)

Please submit a Western Financial Group Over-age Dependent Coverage form for any child over age 21 who is a Full-Time Student.

Please submit a Western Financial Group Over-age Disabled Dependent Coverage form for any child over age 21 who is suffering from a severe, incurable and chronic physical or mental disability while meeting the requirements of a dependent child, rendering such child unable to pursue a substantially gainful occupation, subject to adequate medical evidence.

Note: Legal court documents are required if your dependent has been adopted by you. Eligible dependents must not be living out-of-country.

Incomplete or missing information may result in a dependent life claim being denied.

Full name		*Sex		*Select male, female, or undeclared consistent with your current biological sex.	
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undeclared			
Date of Birth (month/day/year)	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No	Disabled Overage Dependent:	<input type="radio"/> Yes <input type="radio"/> No	
month	day	year			
Full Name		*Sex		*Select male, female, or undeclared consistent with your current biological sex.	
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undeclared			
Date of Birth (month/day/year)	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No	Disabled Overage Dependent:	<input type="radio"/> Yes <input type="radio"/> No	
month	day	year			
Full Name		*Sex		*Select male, female, or undeclared consistent with your current biological sex.	
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undeclared			
Date of Birth (month/day/year)	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No	Disabled Overage Dependent:	<input type="radio"/> Yes <input type="radio"/> No	
month	day	year			
Full Name		*Sex		*Select male, female, or undeclared consistent with your current biological sex.	
		<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Undeclared			
Date of Birth (month/day/year)	Full Time Student:	<input type="radio"/> Yes <input type="radio"/> No	Disabled Overage Dependent:	<input type="radio"/> Yes <input type="radio"/> No	
month	day	year			

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Section 4 - Beneficiary Designation

If no beneficiary is assigned then "Estate" will be assumed. If benefits are assigned to minor children, a trustee must be appointed to act on their behalf

Primary Beneficiary Designation

Last Name	First Name	Birth Date (month/day/year)	% Allocated*	Relationship to Employee

* Percentage Allocated must equal 100%. (99.99% not acceptable)

Contingent Beneficiary Designation

Last Name	First Name	Birth Date (month/day/year)	% Allocated*	Relationship to Employee

* Percentage Allocated must equal 100%. (99.99% not acceptable)

Trustee for Minor Beneficiary

Last Name	First Name	Relationship to Minor

For Quebec Residents Only

In Quebec, the designation of your spouse as beneficiary is irrevocable unless otherwise specified. If the beneficiary is shown as irrevocable, his/her consent is required to change the beneficiary designation.

Spousal Beneficiary Designation is Revocable

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

At Western Financial Group, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

Western Financial Group is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group's commitment to privacy and security refer to our website: www.westernfinancialgroup.ca

Signature of Employee

Date of Signature (month/day/year)

Individual Insurance Options

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Your employer trusts Western Financial Group to provide you with a robust employee benefits package that includes health and dental. Western Financial Group also offers coverage for personal assets if you want to safeguard your home and belongings or plan for your family's future with life insurance. Our team has access to the best insurance markets and does the work for you by finding the best solutions and value for all your insurance needs.

Personal Insurance Insurance			
Car	RV	Boat	
Our car insurance experts will find the best coverage so you are protected from the cost of having to repair or replace your vehicle if it's damaged or in an accident.	Your RV gives you the freedom to get out on the road. Our insurance experts help protect your home away from home while driving or while your RV is parked.	Stay safe on the water with the right boat insurance from our expert insurance shoppers.	
Home & Property	Motorcycle	Travel	
Your home is your most valuable asset. Our insurance experts can help you find the right coverage to protect your home from the unexpected.	Whether driving as your primary mode of transportation or cruising with friends, our insurance experts can help protect you and your vehicle.	Travelling can be a stressful time. Our insurance experts provide peace of mind so you can focus on enjoying your vacation.	
Health & Life Insurance			
Health and life insurance can be complex but our team of insurance experts can help find solutions			
Life Insurance	Disability Insurance	Critical Illness Insurance	Medical & Dental
We offer options to help financially protect your family if you pass away.	Helps to replace a portion of your income if you become disabled and are unable to earn a living.	We have options you can choose from to help cover the costs of surviving a major illness.	Extended Medical, Dental, and Prescription coverage that is not covered under your Employee Benefit Plan. These policies are for anyone to purchase for themselves and their families.
Financial Products			
We offer financial services to help you create a secure future. We offer products to save for your retirement or plan for your children's future education. Available products include:			
RRSPs	RESP	TFSA	Non-registered investments
I am interested in learning more about:			
<input type="radio"/> Car	<input type="radio"/> Home & Property	<input type="radio"/> Life Insurance	<input type="radio"/> RRSP
<input type="radio"/> RV	<input type="radio"/> Motorcycle	<input type="radio"/> Disability Insurance	<input type="radio"/> RESP
<input type="radio"/> Boat	<input type="radio"/> Travel	<input type="radio"/> Critical Illness Insurance	<input type="radio"/> TFSA
I understand that these products will be separate from my Employee Benefit Plan and I will be 100% responsible for premium payment.			
Email Address		Daytime Contact Number	