ENROLMENT FORM

Si vous désirez obtenir les documents en français, SVP contactez-nous au 1 855 636-9535.

1. Eligibility to insurance

Do you have recognition from the Ministère de la Famille for three (3) or more subsidized children when your home childcare service has been open for three (3) months?

○ Yes ○ No

2. Identification of Participant

Last Name	First Name	Ministère de la Famille recognition date (year / month / day)

Address	City	Postal Code

E-mail	Social Insurance Number	Date of your next government subsidy payment (year / month / day)

Telephone No	Date of Birth (year / month / day)	Language Preference	Gender
		○ French ○ English	○ M ○ F

Name of your coordinating office

Are you currently absent from work?	If yes, reason	
○ Yes ○ No		

Start date of absence (year / month / day)	Are you receiving benefits during this absence?	If yes, indicate from who (e.g. : SAAQ):
	○ Yes ○ No	

2.1 Designation of Spouse

First and Last Name	Date of Birth (year / month / day)	Gender
		○ M ○ F

3. Benefits

3.1 Health Insurance (Compulsory) (Please check only one box according to the desired coverage.)

	Individual	Single-Parent	Family
Health 1	○	○	○
Health 2	○	○	○
Health 3	○	○	○

Exemption ○ (You are covered under a similar plan, such as your spouse's)
Please complete the fields below to confirm the insurance that allows the exemption.

Name of the insurer: _____

Contract holder's name: _____ Contract Number: _____

3.2 Dental Care Insurance (Optional)

Check only one box to indicate the desired status.	**Individual**	○ **Single-parent**	○ **Family**
	✓ **Automatic registration** ○ I wish to opt out of this coverage		

3.3 Short Term Disability Insurance (compulsory)

Benefits applicable after 7 days of disability for a duration of 52 weeks		
	Option 1: $300 / weekly	✓ **Option 1 (automatic registration)**
	Option 2: $400 / weekly	○ Option 2
	Option 3: $500 / weekly	○ Option 3
	Option 4: $600 / weekly	○ Option 4

3.4 Long Term Disability Insurance (optional)

Benefits applicable up to age 65		
	Option 1: $1,300 / monthly	Option 1, 2, 3 or 4 chosen for Short Term must be the same for Long Term
	Option 2: $1,650 / monthly	
	Option 3: $2,000 / monthly	☐ I wish to participate*
	Option 4: $2,350 / monthly	

* Evidence of insurability is required if the application form for this plan is presented after 30 days following the date of eligibility.

3.5 Life Insurance (Optional)

	Description	Choice of coverage
a) Participant's Basic Life Insurance and AD&D	Option 1: $25,000 Option 2: $50,000	✓ **Automatic registration to option 1 without evidence of insurability** ○ Option 2: $50,000 without evidence of insurability ○ I wish to opt out of this coverage
b) Participant's Additional life Insurance	1 to 20 units of $10,000 (requires evidence of insurability)	_____ units of $10,000
c) Spouse's and Dependent Children Insurance	$5,000 per insured	✓ **Automatic registration without evidence of insurability** ☐ I wish to opt out of this coverage
d) Spouse's Optional Life Insurance	1 to 10 units of $10,000 (requires evidence of insurability)	_____ units of $10, 000

Signature required on the back **SSQ, Life Insurance Company Inc.**

4. Beneficiary

I hereby designate as my beneficiary in the event of my death: **estate of the participant** ◯
OR the insurance proceeds will be payable to the following beneficiary(ies): _____

◯ Spouse (married or civil union) ◯ Common-law spouse ◯ Sons/daughters ◯ Father/Mother ◯ Brothers/sisters
◯ Spouse and sons/daughters ◯ Common-law spouse and sons/daughters ◯ Other:

The beneficiary designation is revocable * ◯ (may be changed at any time)
The beneficiary designation is irrevocable * ◯ (CANNOT be changed without the irrevocable beneficiary's written consent)
* Under Quebec law, when no beneficiary status is specified, the designation of spouse (married or civil union) is irrevocable and the designation of any other beneficiary is revocable.

5. Non-Smoker's Statement

"I, the undersigned, declare that I do not smoke and have not smoked any tobacco products such as cigarettes, cigars, cigarillos or pipes, nor consumed any drugs during the past twelve (12) months. I understand that SSQ may periodically require confirmation of non-smoker status. A failure to provide this information shall result in the insured person's loss of non-smoker status and the associated premium reduction shall cease to apply as to the date of SSQ's request. I also acknowledge that a false or incomplete declaration may result in coverage becoming null and void."

Signature of Participant:	Date:	year	month	day
Signature of Spouse:	Date:	year	month	day

6. Personal Pre-Authorized (Pad) Payments

I hereby authorize SSQ, Life Insurance Company Inc. to withdraw the variable amount of my insurance premiums from my account. I will receive a notice in writing confirming the date of the first withdrawal and the premium amount payable every 14 days. I also authorize SSQ, Life Insurance Company Inc. to invoice and debit any related fees in the event that the preauthorized debit payment cannot be made in accordance with this agreement. I will receive a letter to this effect confirming the changes made to my next debit payment.

Account Information Name of Financial Institution:	Branch:	Account No:

I authorize my financial institution to withdraw this amount from my account. I understand that I may cancel this authorization at any time upon written notice. This notice must be sent to SSQ 30 days before the next withdrawal. I have certain recourse rights if a debit does not meet the conditions of this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with the terms of this authorization. To obtain more information about my recourse rights, a specimen of the cancellation form or more information about cancellation rights, I may contact my financial institution or go to www.cdnpay.ca

Signature (compulsory):	Date:	year	month	day

N.B. For joint account requiring more than one signature, all account holders must sign.

IMPORTANT : Please ENCLOSE a personal cheque specimen marked "VOID".
SSQ, Life Insurance Company Inc., 2525, Laurier Blvd, P.O. Box. 10500, Station Sainte-Foy, Quebec QC G1V 4H6 – Telephone (toll free): 1-855-636-9535

7. Signature of the Participant (compulsory)

I certify that all of the information I have provided in this form is true and complete to the best of my knowledge. I acknowledge having read the Personal Information and Insurance File notice provided overleaf. I also acknowledge that a false declaration may result in coverage becoming null and void.

Signature:	Date:	year	month	day

Please return this form by using one of the following options:

mail:
SSQ Insurance: 2525 Laurier Boulevard, P.O. Box 10500, Stn. Ste-Foy, Quebec City, (QC) G1V 4H6

email: rsgmf@ssq.ca
fax: 1-866-333-7503

Notice

File and Personal Information

In order to maintain the confidentiality of information concerning the persons it insures, SSQ, Life Insurance Company Inc. opens an insurance file to hold personal information about the application for insurance and any insurance claims made.

With the exception of certain cases provided for under applicable legislation, access to insured persons' files is restricted to those employees, legal agents and service providers who must consult these files for the purpose of contract management, inquiries or underwriting, in addition to reinsurers and any other person you may authorize. SSQ keeps these insurance files in its offices.

All persons insured with SSQ have the right to consult the information contained in their file and, if necessary, to have any errors or inaccuracies corrected, free of charge, by making a written request to the attention of SSQ's Personal Information Protection Officer at the following address: SSQ, Life Insurance Company Inc., 2525 Laurier Boulevard, P.O. Box 10500, Station Sainte-Foy, Quebec QC, G1V 4H6. However, SSQ may charge fees for transcribing, reproducing or sending this information. The person making the request for information will be informed beforehand of the approximate amount that will be charged.

For more information, consult the SSQ Personal Information Protection Policy available at ssq.ca.