



# ENROLLMENT FORM

Employer or Group Name

Class

Group No.

Last Name

First Name

Initial

Effective date (yyyy/mm/dd)

Date of Birth (yyyy/mm/dd)

SIN # (optional)

Male   
Female

Single   
Married

Address

Phone No.

City

Prov

Postal Code

Email Address

List Dependents (spouse first)

Sex

Date of Birth

Last

First

M/F

yyyy

mm

dd

SP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you or your spouse have any other dental or health benefits through another carrier? Yes  No

If yes, carrier name: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Beneficiary for AD&D Coverage (if applicable): \_\_\_\_\_

Print name/relationship to employee

I hereby apply for the group dental/EHB coverage for which I may be eligible and I authorize the release of my dental/medical records to Pacific First.

Employee Signature: X \_\_\_\_\_ Application Date: \_\_\_\_\_

yyyy/mm/dd

**OUR COMMITMENT IS TO PROTECT YOUR PRIVACY / YOUR RIGHTS AS THEY PERTAIN TO YOUR PERSONAL INFORMATION:**

- You have the right to know why an organization collects, uses or discloses your personal information.
- You have the right to expect an organization to handle your information reasonably and to not use it for any other purpose other than the one to which you consented.
- You have the right to know who in an organization is responsible for protecting your information.
- You have the right to expect an organization to protect your information from unauthorized disclosure.
- You have the right to inspect the information as organization holds about you and make sure it is accurate, complete and current.
- You have the right to expect an organization to destroy your information when requested or when no longer required for the intended original purpose (subject to ITA rules).
- You have the right to know how your organization handles your information with regard to the Privacy Commissioner of Canada or any Provincial Legislation applying to your privacy.

**Collection, Sue and Disclosure of Information In Order To:**

- Communicate with you in a timely and efficient manner.
- Process your application for prepaid services and insurance available to you by our firm.
- Determine contributions payable for such insurance and/or prepaid services.
- Review information (as deemed necessary) for the purpose of adjudicating claims.
- Detect and prevent fraud.
- Act as required or authorized by law.

If you have any questions, email us at [info@pacific-first.com](mailto:info@pacific-first.com) or call 604-293-1974