OPSSU MEMBERS BENEFITS ENROLLMENT FORM

This form must be completed and submitted to the Benefits Committee in order to be enrolled in Benefits. All information will be kept strictly confidential and used for benefits enrollment purposes only.

Please send your completed forms in hard copy to Gwen Merritt or email them to benefits@opssu.ca, copying gmerritt@opssu.ca. Form submission deadline:

THURSDAY AUGUST 25th at 5 p.m.

PLEASE PRINT CLEARLY

Member's First Name: _____ Member's Last Name: _____

Health Card Number: _____ DOB (dd/mm/yyyy): _____ Gender: ___

Home Address:

Street: _____

City: _____ Prov: _____ Postal Code: _____

Phone: ( ) _____

Group Benefits Provider _____ Certificate Number _____

# of Dependents _____

PARTNER/SPOUSE

First Name	Last Name	Health Card Number	Sex	Address (if diff.)	Phone #	DOB (dd/mm/yyyy)	Group Plan	Group Certificate

DEPENDENTS

First Name	Last Name	Health Card Number	Sex	Address (if diff.)	Phone #	DOB (dd/mm/yyyy)	Group Plan	Group Certificate