

Change in Plan Member Information

INSTRUCTIONS

1. Complete section 1 and only the sections you are changing.
2. Sign and date the form (last page).
3. All crossed out changes must be initialed.
4. Send original signed form to Coughlin & Associates Ltd. for processing. Retain a copy for your files.
5. Form Completion Assistance call: **204-289-3891**

1. Plan Member Information

Union or plan name				
Member last name		Member first name		Member middle initial
Mailing address		City	Province	Postal code
Email address		Home telephone		Cell telephone
Date of birth (yyyy/mm/dd)	☐ Male ☐ Female	Language of correspondence ☐ English ☐ French	Social Insurance Number	

2. Spouse/Common-law Information

New Marital Status - Select the box that applies (select only one) - **Refer to Definitions for clarification.**

☐ Married
 ☐ Common-law
 ☐ Separated
 ☐ Divorced
 ☐ Widowed
 ☐ Single

What is the date the New Marital Status began? (yyyy/mm/dd) _____

New Spouse Information

Last name	First name	Date of birth (yyyy/mm/dd)	☐ Male ☐ Female
-----------	------------	----------------------------	--

What type of coverage does your spouse/common-law partner have under their own group insurance?

Dental	☐ Single ☐ Family ☐ No Coverage	Health	☐ Single ☐ Family ☐ No Coverage	Vision	☐ Single ☐ Family ☐ No Coverage
--------	--	--------	--	--------	--

Previous Spouse Information (spouse to be removed from your group benefits coverage)

Last name	First name	Date of separation/death (yyyy/mm/dd)	☐ Male ☐ Female
-----------	------------	---------------------------------------	--

3. Dependant Children Information

If you have more than three dependants, please attach a separate list.

☐ Add or ☐ Remove	1	Last name	First name	Date of birth (yyyy/mm/dd)	Relationship to plan member	☐ Male ☐ Female	Disabled child (Proof required) ☐ Yes ☐ No	Full-time student ☐ Yes ☐ No
	What type of coverage does your dependent child have under other group insurance? ☐ Dental ☐ Health ☐ Vision ☐ None If other coverage pertains to your dependant child, please provide spouse's (or ex-spouse's) date of birth (yyyy/mm/dd) _____							
☐ Add or ☐ Remove	2	Last name	First name	Date of birth (yyyy/mm/dd)	Relationship to plan member	☐ Male ☐ Female	Disabled child (Proof required) ☐ Yes ☐ No	Full-time student ☐ Yes ☐ No
	What type of coverage does your dependant child have under other group insurance? ☐ Dental ☐ Health ☐ Vision ☐ None If other coverage pertains to your dependant child, please provide spouse's (or ex-spouse's) date of birth (yyyy/mm/dd) _____							
☐ Add or ☐ Remove	3	Last name	First name	Date of birth (yyyy/mm/dd)	Relationship to plan member	☐ Male ☐ Female	Disabled child (Proof required) ☐ Yes ☐ No	Full-time student ☐ Yes ☐ No
	What type of coverage does your dependant child have under other group insurance? ☐ Dental ☐ Health ☐ Vision ☐ None If other coverage pertains to your dependant child, please provide spouse's (or ex-spouse's) date of birth (yyyy/mm/dd) _____							

CONTINUE ON NEXT PAGE

4. Banking Information

If you wish to have your claim payments deposited directly into your bank account, provide your banking information. You can locate your banking information on your personal cheque, financial institution statement or by contacting your financial institution directly.

Sample cheque number pattern



Enter your banking information in the fields

Note: Line of credit cheques or US accounts are NOT eligible.

Transit #
(5 digits)

Institution #
(3 digits)

Account #
(maximum 12 digits)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5. Health & Welfare Beneficiary Information

The following beneficiary appointment will apply to **ALL ELIGIBLE BENEFITS** insured under your group insurance plan with the plan sponsor. If you wish to appoint separate beneficiary(ies) of different benefits under your plan, please complete the "BENEFICIARY DESIGNATION (BY BENEFIT) FORM". If you wish to make the beneficiary nomination irrevocable, please complete the "IRREVOCABLE BENEFICIARY DESIGNATION FORM".

If you do not nominate a beneficiary, the proceeds will be paid to your estate. You are responsible for ensuring the validity of your designation.

Quebec residents: Unless otherwise specified, the designation of a legal spouse or spouse joined in a civil union as beneficiary is IRREVOCABLE. Unless otherwise specified, the designation of any other person as beneficiary is REVOCABLE. I hereby make the below beneficiary designation:

☐ Revocable, I may change this beneficiary designation at any time.

I hereby revoke all previous beneficiary designations and designate the following as beneficiary(ies), where permitted by law:

Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Total must equal 100%			%

6. Health & Welfare Contingent (Secondary) Beneficiary Information

Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Total must equal 100%			%

7. Pension Beneficiary Information

Please identify your spouse/common-law as your pension beneficiary, if applicable.

Under pension legislation, your spouse (or common-law, if they fulfill the legal common-law definition) is automatically the designated beneficiary unless your spouse completes a government form waiving this benefit.

Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Total must equal 100%			%

8. Pension Contingent (Secondary) Beneficiary Information

Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Beneficiary last name	Beneficiary first name	Relationship to plan member	Percentage
			%
Total must equal 100%			%

9. Trustee Appointment

Complete this section if any designated beneficiary(ies) is/are under the age of majority or lack legal capacity. This section is not applicable to Quebec residents where appointments are governed by the Quebec Civil Code.

I appoint _____ as Trustee to receive and to hold in trust, on behalf of any beneficiary, money payable to the beneficiary under this group benefits plan where, at the time payment is to be made, the beneficiary is a minor or otherwise lacks legal capacity. Any such payment, to its extent, will release Coughlin & Associates Ltd., the plan sponsor, and the insurance company from any further liability.

10. Other Information

You will be enrolled in the health & benefit plan and pension trust fund once you satisfy the eligibility criteria defined in your group plan benefit and pension booklets.

11. Agreement and Authorization to Collect, Use, and Disclose Personal Information

Agreement and Authorization. By signing this form:

- (1) You are applying for coverage under the plan sponsor's group insurance plan ("Benefits Plan"), and for membership in the plan sponsor's pension plan ("Pension Plan"). You authorize the required deductions from your salary or wages for any contribution you must make toward the cost of the benefits for which you are enrolled, if any, in accordance with the provisions of the Benefits Plan and in accordance with the provisions of the Pension Plan.
- (2) You authorize us, Coughlin & Associates Ltd. ("Plan Administrator"), a People Corporation company, to use and disclose the information you provide in this form as described below. You also agree to notify us immediately of any changes to the information you provide in this form.
- (3) You certify that the information you have provided is true, correct, and complete to the best of your knowledge and you certify that, if you have provided information about a spouse, dependant child, beneficiary, or trustee, you are authorized to provide such information. You agree that a photocopy or electronic copy of your signed form is as valid as the original.

Government Required Reporting. We use Social Insurance Numbers only for the purpose of government required reporting.

Use of personal information.

- (1) We use and disclose your plan member information to:
 - (a) Determine your, your spouse's, and your dependant children's eligibility for benefits under the Benefits Plan, arrange for your benefits under the Benefits Plan, administer the Benefits Plan and Pension Plan and your participation in these Plans, audit, manage, and assess the Benefits Plan and your benefit claims, investigate your claims, pay benefits to you, and comply with regulatory requirements, and for analytical purposes.
 - (b) Verify your identity and conduct searches to locate you, your spouse, or your beneficiaries.
 - (c) Respond to questions about the Benefits Plan, Pension Plan, and benefits under these Plans.
- (2) We use and disclose date of birth and gender information for actuarial valuation of these Plans and benefits, to determine eligibility of dependant children for benefits under the Benefits Plan, and when necessary to verify identity.
- (3) Information about your spouse is required because applicable pension legislation may require that any death benefit under the Pension Plan be paid to your spouse at the time of your death.

If you are required to participate in the Benefits Plan, you may not withdraw your consent for this use and disclosure of personal information for mandatory benefits. If you withdraw your consent for any optional benefits, then you may no longer be enrolled for those benefits. As long as you are participating in the Pension Plan and it is administered by us, you may not withdraw your consent to use the SINs and other required information.

Use of optional personal information. If you provide any of the information described below, you may withdraw your consent for us to use and disclose this information by sending your request in writing to the Plan Administrator at the address at the top of this form, or to our Privacy Officer using the privacy officer contact information below.

1. If you provide beneficiary information, any benefits paid on your death that are not required to be paid to your spouse, will be paid to the specified beneficiaries. If you do not provide the beneficiary information, the death benefits will be paid to your estate.
2. If you designate a beneficiary who is under the age of 18, and this beneficiary becomes entitled to receive a benefit under these Plans upon your death, then we will pay this benefit in trust to the trustee you identify.
3. If you provide your banking information, any medical or dental benefits to which you are entitled will be deposited into your bank account.

Disclosing personal information. The information provided in this form may be disclosed, when necessary, to:

1. Our and our affiliates' employees, contractors, and professional advisors who require the information to perform their duties related to the uses of personal information described above.
2. Service providers we retain to assist us with our obligations related to these Plans, which may include security of information, data processing, backup and programming, mailing, and people locating. Service providers may be located within or outside of Canada and the information may be subject to disclosure to government authorities.
3. Persons you authorize to access this information.
4. Persons legally authorized to view this information.
5. The financial institution related to your banking information, government agencies, actuaries, insurance companies and their reinsurers and service providers, your employer, and Benefit Plan and Pension Plan trustees and union, and auditors.

Optional Communications

☐ By checking this box, you consent to receive electronic communications about our other products and services or products and services of our affiliates and service providers.

Member signature

Date (yyyy/mm/dd)

Protecting your personal information. We recognize and respect your right to privacy. When personal information is provided to us, we establish a confidential file that is kept in our facilities or in the facilities of an organization that we authorize. We limit access to information in your file to our personnel or other persons we authorize, who require the information to perform their duties with respect to these Plans, to persons to whom you have granted access, and to persons authorized by law. If you require more detail about how we protect your personal information or the other persons to whom we disclose your personal information, you may access our Privacy Policy at <https://www.peoplecorporation.com/en-ca/privacy> or contact our privacy officer by mail sent to Coughlin & Associates Ltd., 1403 Kenaston Blvd., Winnipeg, MB, R3P 2T5, or by email sent to privacy.officer@peoplecorporation.com.

Mail completed form to: Coughlin & Associates Ltd.
P.O Box 764
Winnipeg, MB R3C 2L4

Form Completion Assistance call:
204-289-3891

Office Phone Number:
204-942-4438 or 1-888-204-1234

Website: www.coughlin.ca

Definitions

Definitions may vary based on plan. Please refer to your Health & Welfare and Pension booklet for more detailed information.

***Spouse:** The person with whom you are married and continuously living together.

***Common-law:** Two people continuously living together as a couple in a conjugal relationship.

***Dependent Child:** Your child (includes biological child, stepchild, legally adopted child, child for whom you have legal guardianship) who is unmarried and totally or substantially dependent on you for financial support.

**Spouse, Common-law, and Dependent Children are eligible for coverage provided:*

- *they meet the complete criteria identified in the plans Health and Welfare booklet,*
 - *they are considered a resident of Canada,*
 - *they are covered under a provincial health insurance program.*
-

Effective date of Marital Status: The date you began your current status of married, separated, divorced, or widowed.

Common-law Date of Co-habitation: The date you and your common-law began living together.

Health & Welfare Beneficiary: The person(s) you designate (appoint) to receive all eligible Health & Welfare fund benefits in the event of your death.

Pension Beneficiary: The person(s) you designate (appoint) to receive any survivor Pension fund benefits in the event of your death. You must designate 100% to your spouse if you have one.

Revocable: A beneficiary designation can be changed without consent from the beneficiary.

Irrevocable: A beneficiary designation that cannot be changed without written consent of the beneficiary. Irrevocable designation of a minor cannot be changed until they reach legal age.

Contingent Beneficiary: The person(s) you designate (appoint) to receive fund benefits if all the primary beneficiaries named die before you.

Trustee Appointment: The person you designate (appoint) to receive and to hold in trust, any proceeds of the benefits fund payable to a beneficiary who is a minor at the time the fund benefit payment is to be made.

IMPORTANT: If a minor is named as a primary or Contingent Beneficiary, the benefit can only be paid on behalf of the minor to a trustee or guardian for property, otherwise it will be paid into court to be held until the beneficiary reaches the age of majority for your specific province.

Please visit the applicable provincial government website for information about becoming a trustee:

Alberta: <https://www.alberta.ca/trusteeship>

British Columbia: <https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/eligibility/trusts>

Manitoba: <https://www.gov.mb.ca/publictrustee/>

Saskatchewan: <https://publications.saskatchewan.ca/#/products/29279>

Frequently Asked Questions

1. Why does the Enrolment ask for the effective date of marital status/common-law co-habitation?

To establish the effective date of health & welfare coverage for the spouse/common-law and dependent children.
To establish the effective date of possible spousal entitlement to the member's pension.

2. Why are you asking if my spouse or dependent children have their own health, dental, and vision coverage?

When a member and their spouse both have benefit plans, they and their dependents are eligible for coverage under both plans. When a member and an ex-spouse both have benefit plans, their dependent child is eligible for coverage under both plans. In both cases, coverage is co-ordinated between the two plans. Review your booklet for advice regarding which plan to first submit your dependent child's claim.

3. Can I keep my spouse on the plan if we are going through the process of separation/divorce?

No, if you are separated or divorced, your spouse/common-law is not eligible for benefits.

4. I have legal guardianship of a child. What proof is required?

A copy of the legal custodianship/guardianship document must be provided.

5. My child is disabled. What proof is required for coverage under my plan?

Contact Coughlin & Associates Claims Department for direction specific to your group plan.

6. Can I add my parents/siblings as dependents for coverage under my plan?

No, only your spouse/common-law and dependent children are eligible for coverage.

7. Can I designate (appoint) multiple people as my beneficiary?

Yes, multiple people may be designated as your beneficiary. Each beneficiary may be allocated a portion of the fund so that the total of all percentage portions equals 100%. Your Pension beneficiary must be your spouse, if you have one, unless a specific government form is completed. Contact Coughlin & Associates for this form.

Example:

Beneficiary 1	33.4%
Beneficiary 2	33.3%
Beneficiary 3	33.3%
Total	100.0%

8. How do I update/change my member information?

Complete the Change in Member Information form available on the Coughlin & Associates website at www.coughlin.ca to update/change any of your member information, including dependents and beneficiaries; or login to your member portal at <https://coughlin.onlineclaimsaccess.net/> to update/change your mailing address, email address, phone number, and banking information.

9. Can I sign and date the Enrolment or the Change in Member Information form by electronic signature/e-signature?

No, your signature must be handwritten in ink. It is not accepted electronically at this time.

10. How can I submit my completed signed form?

The Enrolment form must be submitted by mail. It is not accepted by email or FAX.
The Change in Plan Member Information form must be submitted by mail if you are changing your beneficiary information. If you are not changing your beneficiary information, the form can be submitted by email, FAX, or mail.

Mailing Address: Coughlin & Associates, P.O. Box 764, Winnipeg, MB R3C 2L4

Phone: 204-289-3891 or 1-888-204-1234 FAX: 204-943-5998 Email: WpgAdminRequests@coughlin.ca website: www.coughlin.ca