



Enrollment Form for 2010 - 2011

Please select ():

New Applicant

Re-enrollment

Cancel Coverage

Effective date: _____

What you need to:

Know:

- that available retiree benefits are for Extended Health and/or Dental benefits only
- that coverage may be for a variation of single, couple or family coverage for Extended health and/or Dental benefits
- that the retiree booklet that describes your benefit coverage (Benefit Class 5) can be found online at www.cisva.bc.ca
- that inquiries regarding benefit eligibility should be directed to GWL at 1-800-957-9777
- that there is an administration fee of \$1.50 per month (\$15.00/yr) to participate in the retiree program

Report:

- any changes to your status, etc., that may have a direct impact on your premiums (ie: an increase or decrease to your number of dependents)
- any new/changed/alternative contact information. Example: you may live out-of-province/country for part of the year. If so, please report your alternate contact information on the back of this form.

Submit:

- premiums by the appointed deadline. As with all insurance policies, arrears of premium contributions may lead to termination of your policy. It is your responsibility to ensure that your account is always paid up-to-date.

Rates for the 2010-2011 policy year (10 month premiums/ 12 months coverage):

Dental:	Single: \$57.31/month	Couple: \$114.64/month	Family: \$145.87/month
Extended Health:	Single: \$49.28/month	Couple: \$ 98.56/month	Family: \$146.27/month
Administration fee:	+ \$ 1.50/month	+ \$ 1.50/month	+ \$ 1.50/month

Please select () coverage:

Dental: Single Couple Family

Ext. Health: Single Couple Family

(internal use only)

Amount/Chq: _____

Chq date(s): _____

Number(s): _____

Return your 10 post-dated cheques (dated for the 1st of each month for September to June), or a single cheque for the year to our office. [Cheques are payable to: CISVA.](#) Please sign below and return to the Benefit Administration office.

(please print clearly)

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____