



# Retiree Enrolment Form for 2011 - 2012

Please select (

New Applicant

Re-enrolment

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](http://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 \$2.00 per month (\$20.00/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 2011-2012 policy year (10 month premiums / 12 months coverage):**

Dental:	Single: \$58.17/month	Couple: \$116.36/month	Family: \$148.05/month
Extended Health:	Single: \$51.24/month	Couple: \$102.51/month	Family: \$152.13/month
Administration fee:	+ \$ 2.00/month	+ \$ 2.00/month	+ \$ 2.00/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 1<sup>st</sup> 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) Identification No:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_