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| DEPENDENT INFORMATION Completion of dependent information is mandatory if the plan member has dependent life coverage. | | Surname | First Name | Date of Birth | Sex | NIHB | Full Time Student | Depend. with Special Needs | GSC Plan is Secondary "S" | Dep. Life Only |
| | Spouse | | | ____ / ____ / ____ YEAR MONTH DAY | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed | <input type="checkbox"/> Yes | | | | <input type="checkbox"/> Yes |
| | Child | | | ____ / ____ / ____ YEAR MONTH DAY | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes |
| | Child | | | ____ / ____ / ____ YEAR MONTH DAY | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes |
| | Child | | | ____ / ____ / ____ YEAR MONTH DAY | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Undisclosed | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | | <input type="checkbox"/> Yes |

SECTION 3 – TO BE COMPLETED BY THE PLAN MEMBER

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|--|---|---------------------------|---------------------------------|-----------------------------------|----------------------------------|
| BENEFICIARY INFORMATION If a beneficiary is not assigned, "ESTATE" will be assumed. Corrections to beneficiaries must be initialed. Original forms will be requested in the event of a Life claim. In Quebec, the designation of your spouse/common law as a beneficiary is irrevocable unless you declare otherwise. You may wish to designate a contingent beneficiary(ies) to receive any proceeds if all the primary beneficiary(ies) predecease you. | I hereby revoke any previous beneficiary designations in relation to my forgoing coverage(s) and designate the person(s) named below: | | | | |
| | Primary Beneficiary Surname | First Name | Relationship to Employee | Date of Birth (YYYY/MM/DD) | % Share (Must Equal 100%) |
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| | | | | | |
| | | | | | |
| | Contingent Beneficiary Surname | First Name | Relationship to Employee | Date of Birth (YYYY/MM/DD) | |
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| TRUSTEE If beneficiary is a minor, a trustee must be named. In Quebec, appointment of a trustee is not an available option. | <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable (If irrevocable is chosen, you may not change the beneficiary without written consent from the beneficiary.) | | | | |
| | Trustee Surname | Trustee First Name | Relationship to Employee | Date of Birth (YYYY/MM/DD) | |
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SECTION 4 – PRIVACY AND AUTHORIZATION

AUTHORIZATION AND CONSENT

For further information on our privacy policies and procedures, please refer to our website at greenshield.ca.

At Green Shield Canada (“GSC,” “we,” “us” or “our”), respecting and protecting the privacy and confidentiality of your personal information is a priority. In order to provide you with the services for which we have been engaged, we need you to understand, and consent to, a few things. We may collect/receive from you or other parties and use, share, disclose and process your personal information and, if applicable, that of your spouse, children and other dependents (collectively, “you” or “your”), which may include name, age, claims history, income, email address, service providers that may have been used and banking information. We may do this for various purposes related to the administration of your benefits plan and to provide you other products and services, including but not limited to: benefits coordination with other carriers; administration and adjudication of claims; auditing, investigating, and taking steps connected to the prevention or suppression of suspected or proven improper or fraudulent claims; identity checks; billing and collection of premiums; medical underwriting; communication with other service providers, communication with third parties to confirm the accuracy of claims, provide contracted services, or for health management purposes or programs; collecting information about services that are provided, analyzing data, including information on how you use our products and services, to help us make informed decisions and improve the products and services we offer; determining if there are other products and services that you might be interested in, and sending you details about them; compliance with applicable laws and regulations; and such other activities that a reasonable person would consider associated with the administration of your benefit plan. In carrying-out these purposes, we may collect, receive, share or disclose your personal information with others outside of GSC, including, but not limited to: your employer, sponsor(s) of your benefit plan, and insurance advisors, if your benefits are provided through your employer’s group benefits plan; benefits providers (e.g. pharmacists, massage therapists); professional regulatory bodies (e.g. College of Pharmacists); government agencies; applicable law enforcement bodies (local, provincial and federal); industry drug pooling entities (e.g. Canadian Drug Insurance Pooling Corporation); GSC’s third party service providers who assist us in administering your benefits plan and providing you with other related products and services and such other third parties as may be appropriate or reasonably necessary in carrying out the purposes set out above. Although sharing of personal information is inherently risky, we implement commercially-acceptable procedures to secure and protect your personal information using appropriate technological, physical and organizational measures designed to protect personal information. In the event of an unauthorized release by us of your personal information, we will notify you in accordance with applicable privacy laws. More information about our privacy practices is available in our Privacy Policy at www.greenshield.ca, which is a necessary and integral part of this privacy consent. We may from time to time revise our Privacy Policy to reflect changes in, for example, legislation or regulation, or as we introduce new features, products or services. The most current version of the policy will govern how we process your personal data and will always be available on www.greenshield.ca. You can contact our Privacy Officer at privacy.office@greenshield.ca if you have a question or complaint.

By signing below, you are providing your consent to GSC’s collection, use and disclosure of your personal information as explained above, and you are acknowledging that you are authorized by your spouse, children and other dependents (if applicable) to disclose and receive their personal information, and to provide this privacy consent on their behalf. You agree that a photocopy, facsimile or electronic version of this consent will be as valid as the original. You can withdraw your consent at any time by providing notice in writing to GSC at privacy.office@greenshield.ca, but, if you do so, GSC will no longer be able to administer your benefits plan and process your claims.

Plan Member’s Signature _____ Date _____

Plan Administrator’s Signature _____ Date _____

SECTION 5 – MAILING INSTRUCTIONS

Email copy of completed signed form to: jointadmin@greenshield.ca
or mail to: Green Shield Canada, Attn: Joint Administration, PO Box 1612, Windsor, ON N5A 7A7