

BPG Inc. Dental Plan Coverage Enrollment Form

APPLICANT INFORMATION			NOTIFICATION	OFFICE USE ONLY
SURNAME			NEW MEMBER EFFECTIVE <div style="display: flex; justify-content: space-around; align-items: center;"> 01 </div> Year Month Day	Identification No.
FIRST NAME				Group No.
HOME MAILING ADDRESS			NOTE: Coverage begins on the first of the month you request but is <u>subject to written confirmation</u> from Green Shield Canada	
CITY	PROVINCE	POSTAL CODE		
Birth Date Year Month Day	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	My current Bell Coverage is based on (check one only):	<input type="checkbox"/> 1988 Rates <input type="checkbox"/> 2 Year Old Rates <input type="checkbox"/> Retired after Jan 2014
BPG Member ID Number: <u>NOT BELL EMPLOYEE NUMBER</u>				
NO. JOINING PLAN	Date of Retirement Year Month Day	Email (Print clearly)		
		Home Phone		

DEPENDENT ENROLLMENT INFORMATION			
DEPENDENTS SURNAME	FIRST NAME	MALE (M) FEMALE (F)	BIRTHDATE YY/MM/DD
SPOUSE			/ /
1ST CHILD			/ /
2ND CHILD			/ /
3RD CHILD			/ /
4TH CHILD			/ /
5TH CHILD			/ /

I hereby apply for Dental Benefit Coverage from Green Shield Canada. By signing this enrollment form or by providing my personal information to RMS Retirement Management Services Ltd., I acknowledge and agree that the information is complete and accurate, to the best of my knowledge. I authorize the release of my information and the information concerning my spouse and my dependents, for the purpose of determining eligibility for benefits. For further information on Green Shield Canada's privacy policy and procedures, please refer to their website at www.greenshield.ca

 Signature of Applicant

Pre-authorized Payment

Please:

- 1) Attach your "VOID" cheque
- 2) Complete the following authorization instructing your financial institution to allow RMS to debit premium payments from your chequing account.

Refer to the sample "VOID" cheque to locate the Branch Number, Institution Number and Account Number

FINANCIAL INSTITUTION		ACCOUNT HOLDER(S)		
Name of Financial Institution		Mr. Mrs. Ms. Miss	Surname	First Name
Street		Street		
City	Province	City	Province	Postal Code
Postal Code		Phone () -		
		Branch Number	Institution	Account Number

A debit in the amount of \$ _____ may be drawn from my (our) account on the first day of each month beginning _____ This amount may be increased/decreased at a future date to reflect premium changes. RMS will give me (us) advance written notice of the revised amount.

I (We) will give written notice to RMS, prior to the next due date of the debit, if the account information changes or I (we) wish to terminate this authorization.

I (We) acknowledge delivery of this authorization to RMS to constitutes delivery to the above noted financial institution.

Signature(s) _____

Date / /
 Year Month Day

Sample Pre-authorized Payment Authorization

FINANCIAL INSTITUTION		ACCOUNT HOLDER(S)		
Name of Financial Institution <i>PACIFIC BANK</i>		Mr. Mrs. Ms. Miss	Surname <i>DOE</i>	First Name <i>JOHN</i>
Street <i>1234 ADMIRALS ROAD</i>		Street <i>627-909 PEMBROKE ST</i>		
City <i>VICTORIA</i>	Province <i>BC</i>	City <i>VICTORIA</i>	Province <i>BC</i>	Postal Code <i>V8T 1J1</i>
Postal Code <i>V9Z 1A7</i>		Phone <i>(250) 555 - 4197</i>		
		Branch Number <i>210066</i>	Institution <i>770</i>	Account Number <i>964076</i>

A debit in the amount of \$ ~~XX~~ dollars _____ may be drawn from my (our) account on the first day of each month beginning Month/Year. This amount may be increased/decreased at a future date to reflect premium changes. RMS will give me (us) advance written notice of the revised amount.

I (We) will give written notice to RMS, prior to the next due date of the debit, if the account information changes or I (we) wish to terminate this authorization.

I (We) acknowledge delivery of this authorization to RMS to constitutes delivery to the above noted financial institution.

Sample "VOID" cheque

