RMS Retirement Management Services Ltd. (RMS)
2546 Wentwich Road Victoria, BC V9B 3N4 Canada

Retirees Dental Plan Coverage Enrollment Form

APPLICANT INFORMATION	NOTIFICATION	OFFICE USE ONLY
SURNAME	NEW MEMBER EFFECTIVE	Identification No.
FIRST NAME	Year | Month | 01 Day	Group No.
HOME MAILING ADDRESS	NOTE: Coverage begins on the first of the month you request but is subject to written confirmation from Green Shield Canada	
CITY PROVINCE POSTAL CODE		
Birth Date Year | Month | Day ☐ Male ☐ Female ☐ Single ☐ Couple ☐ Family		
RETIRED FROM:		
NO. JOINING PLAN / Date of Retirement Year | Month | Day / Email (Print clearly)		

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.greeenshield.ca

Signature of Applicant

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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 Instituion	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

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Sample Pre-authorized Payment Authorization

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

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