

BENEFITS ENROLLMENT FORM

BOMBARDIER

Office Use Only	
New:	Rev:
Date:	
Processed:	

1. Employee Information - Please print all information

Badge No.	Last Name	First Name	Date of Birth D/M/Y

2. Dependents

List below your spouse and children you wish to cover under your benefit plan.

Last Name	First name	Middle Initial	Date of Birth D/M/Y	Relationship

3. Benefit Coverage (No Dental for Retirees)

Single Family

4. Optional Accidental Death and Dismemberment

(For Salaried Employees Only)

No Yes Employee \$_____ Spouse \$_____ Children \$_____

(Maximum for Employee \$350,000.00 Spouse \$200,000.00 and Children \$50,000.00 Multiples of \$5,000.00.)

5. Optional Life Insurance

Note: Please complete the Industrial Alliance "Enrolment Request Form" and "Evidence of Insurability". You will be advised by Industrial Alliance of the status of your application by mail.

6. Beneficiary Designations

I hereby appoint the following beneficiary(ies) to receive any amounts payable upon my death under the following Insurance and Benefit:

Basic Group Life Insurance (Policy #22500)

Name: _____ Date of Birth _____
Address: _____ Sex (M) (F) _____
Relationship: _____ S.I.N. _____

Basic Accident Insurance (Policy #BSC 910 07 20)

Name: _____ Date of Birth _____
Address: _____ Sex (M) (F) _____
Relationship: _____ S.I.N. _____

Pension Death Benefit (if married, your spouse must be listed here)

Name: _____ Date of Birth _____
Address: _____ Sex (M) (F) _____
Relationship: _____ S.I.N. _____

Optional Accident Insurance (Policy #PAI 910 07 21 for Salaried Employees only)

Name: _____ Date of Birth _____
Address: _____ Sex (M) (F) _____
Relationship: _____ S.I.N. _____

Optional Life Insurance (#22500 includes old and new policy)

Name: _____ Date of Birth _____
Address: _____ Sex (M) (F) _____
Relationship: _____ S.I.N. _____

I reserve the right to change the above designations at any time.

Signature

Date

Note: If more than one beneficiary is designated for a single benefit, payment will be made in equal shares to the surviving designated beneficiary(ies) unless specific plan documents provide otherwise. If no designated beneficiary survives the employee, payment will be made to the estate of the insured.