



GROUP BENEFIT PLAN WAIVER

If an employee does not want to join the Plan, the firm should have the employee sign a Group Benefit Plan Waiver to lessen the possibility of future problems if, for example, the employee's subsequent application for coverage is declined. See the second page for a sample waiver form.

PLEASE NOTE

For firms with four or fewer employees, all eligible employees must participate in the Plan. For firms with five or more employees, 75% of eligible employees must participate in the Plan (For Quebec firms, because of legislative requirements, all eligible employees must apply.)



Chambers of Commerce
Group Insurance Plan®

GROUP BENEFIT PLAN WAIVER

I, _____, have been offered the opportunity to participate in my employer's
Name

employee benefit program. I understand the benefits offered and I do not wish to enroll in the program.

I understand that by refusing these benefits, my heirs/beneficiaries and I have no claim, now or in the future, for benefits under the program. I hold my employer, its representatives and the insuring company(ies) harmless from all future claims.

I also understand that if I wish to participate in the employee benefit program at a later date, participation will be subject to the insurer's approval. I may be required to provide evidence of my good health and/or my dependents' good health. Any dental benefits will be limited to \$250 per employee or dependent in the first twelve months of coverage.

Dated at _____ in _____, this _____ of _____ 20_____
Town/City Province Day Month Year

Firm Name

Firm Number

Employee's Signature

Employer's Signature

Desjardins Insurance, ACE INA Insurance and Western Life Assurance Company are the primary insurers for the Plan.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company