RRC POLYTECH

retiree benefits
a choice for you

RETIREE NOTICE OF CHANGE

canada life

Coverage Policy No. 160978 - Ambulance/Hospital, Extended Health, Dental

Billing Policy No. 181928 - Premium Deductions

Must submit within 60 days of the Life Event

NAME: _____ ID #: _____ PHONE NUMBER: (_____)_____

1. ☐ CHANGE OF NAME	
Surname:	Given Name and Middle Initial(s):

2. ☐ CHANGE OF ADDRESS AND/OR PHONE NUMBER		
Address:	City:	
Province:	Postal Code:	Phone Number: ( )

3. ☐ ADD SPOUSE			
Surname (if different from Employee Surname):	Given Name and Middle Initial(s):	Birth Date (*month/day/year*):	Gender: ☐ *Male* ☐ *Female* ☐ *Other* ☐ *Undisclosed*
☐ *Legally Married* ☐ *Common Law*	If common law, please provide commencement date of cohabitation (*month/day/year*):		

4. ☐ DELETE SPOUSE			
Surname (if different from Employee Surname):	Given Name and Middle Initial(s):	Reason:	Effective Date (month/day/year):

5. ☐ ADD UNMARRIED DEPENDENT CHILDREN (Please use back of this page if additional space required.)

Surname (if different from Employee Surname)	Given Name and Middle Initial(s)	Gender				Birth Date (*month/day/year*)	Full-time Student		Disabled prior age 22	
		Male	Female	Other	Undisclosed		*Yes*	*No*	*Yes*	*No*
		☐	☐	☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐	☐	☐
		☐	☐	☐	☐		☐	☐	☐	☐

6. ☐ DELETE DEPENDENT CHILDREN			
Surname (if different from Employee Surname):	Given Name and Middle Initial(s):	Reason:	Effective Date (month/day/year):

See Reverse Side for Return Instructions →

7. ☐ CHANGE GROUP BENEFITS COVERAGE (You are only permitted to downgrade from your current Option.)

Benefits Coverage Section	Select only one	Retirees must enroll according to their true family status.		
		Single	***Couple***	***Family***
Terminate group benefits coverage	☐			
Option 1: Ambulance/Hospital	☐	☐ $27.15	☐ $52.75	☐ $55.03
Option 2: Ambulance/Hospital & Extended Health	☐	☐ $82.34	☐ $149.54	☐ $151.16
Option 3: Ambulance/Hospital & Extended Health & Basic Dental	☐	☐ $122.27	☐ $229.17	☐ $243.01
Option 4: Enhanced Coverage	☐	☐ $207.91	☐ $390.14	☐ $417.08

Retirees may reduce coverage (i.e. switch to a lower option) at any time, but will not be permitted to rejoin after opting out or to upgrade their option.

8. ☐ CHANGE BANKING INFORMATION

Pre-Authorized Debit (PAD) for your monthly benefit premium payments are processed directly by Canada Life and their Benefits Administration Solutions team.

To change your banking information on file, you must send a completed Canada Life Personal Pre-Authorized Debit (PAD) Agreement - Bank Account Change Form **(signed with an ink signature)**, along with a void cheque or direct deposit information, to Canada Life for processing. **All joint account holders must sign the PAD form in ink**.

If you have questions related to your banking, please contact the Benefits Administration Solutions Team at 1-833-489-4248 or bas@canadalife.com.

The Canada Life Personal Pre-Authorized Debit (PAD) Agreement - Bank Account Change Form is found on the Retiree Portal: www.hubinternational.com/rrcretirees.

9. ☐OTHER CHANGES (PLEASE SPECIFY)

10. ☐ AUTHORIZATION

I authorize HUB International and/or Canada Life:

- To automatically debit my bank account for the monthly premium as indicated above;
- To exchange personal information, when necessary to determine my eligibility for coverage and to administer the plan.

If applying for coverage for my spouse and/or dependants, I confirm that I am authorized to act on their behalf.

Premium rates are reviewed annually and are subject to change. You will be notified in advance of any changes. I understand that if there are insufficient funds in the account to cover the monthly withdrawal, coverage will cease at the end of the month in which the last successful premium was received. Reinstatement may require a fee and/or medical evidence of good health.

I agree that a photocopy or electronic copy of this application is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge.

Retiree Signature: _____ Date *(month/day/year)*:_____

Please submit completed form to:
HUB International
Attn: RRC Polytech Retiree Benefits
5th flr – 1661 Portage Ave., Winnipeg, MB, R3J 3T7
Telephone: 1-844-984-9456
E-mail: RRCretiree@hubinternational.com

OFFICE USE ONLY:

Changed on GroupNet by:	Date Entered (*month/day/year*):