RED RIVER COLLEGE
OF APPLIED ARTS, SCIENCE AND TECHNOLOGY

retiree benefits
a choice for you

RETIREE NOTICE OF CHANGE

canada life

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

Must submit within 60 days of the Life Event

NAME: _____ ID #: _____ HOME TELEPHONE: (_____)_____

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

2. ☐ CHANGE OF ADDRESS AND/OR HOME TELEPHONE		
Address:	City:	
Province:	Postal Code:	Home Telephone: ( )

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	☐	☐ $17.88	☐ $34.82	☐ $36.37
Option 2: Ambulance/Hospital & Extended Health	☐	☐ $60.58	☐ $110.66	☐ $111.77
Option 3: Ambulance/Hospital & Extended Health & Basic Dental	☐	☐ $91.36	☐ $172.03	☐ $182.57
Option 4: Enhanced Coverage	☐	☐ $157.90	☐ $297.21	☐ $317.82

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

Funds can only be withdrawn from either a chequing or savings account. Please attach a copy of a void cheque.

☐ Chequing Account ☐ Savings Account

Branch Transit #: _____ Institution #:_____ Bank Account #:_____

Bank Name: _____

Bank Address: _____

_____

9. ☐ OTHER CHANGES

Specify:

_____

10. ☐ AUTHORIZATION

I authorize HUB International STRATA Benefits Consulting:

• To automatically debit my bank account for the monthly premium under the Retiree Group Benefits Plan and remit to Canada Life;

• 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 dependents, 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, benefits will cease at the end of the month and a fee may be assessed to reinstate and/or may be required to submit 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 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*):