ENROLLMENT / CHANGE FORM

Please print or type information.
Refer to "INSTRUCTIONS" tab below
for important instruction information.

Completed form to be returned to your Benefits Officer

EMPLOYER (full name):	GREEN SHIELD ID#:	CLIENT CODE	BILLING DIVISION #
GOVERNMENT OF THE NORTHWEST TERRITORIES		NWT-	

TRANSACTION TYPE:

Transaction	y y y y — m m — d d
☐ **New Subscriber** (first day of coverage)	
☐ **Rehire** (first day of coverage)	
☐ **Terminate** (first day of **no** coverage)	
☐ **Add Dependent** (first day of coverage)	
☐ **Terminate Dependent** (first day **no** coverage)	
☐ **Transfer** (first day of coverage)	

Other: 1st day effective y y y y — m m — d d

☐ Address

☐ New Identification Card

☐ Birthdate Correction: Subscriber ☐ Dependent ☐

☐ Name Change: Subscriber ☐ Dependent ☐

COMMENTS

SUBSCRIBER INFORMATION

Surname: ______ **Legal First Name:** ______

Preferred First Name: ______ **Init.** ______ **Birthdate:** y y y y — m m — d d

SIN ___ — ___ — ___ **Alternate ID #** ______ **Department #:** ______

Gender: Male ☐ Female ☐ **Union Code:** ______ **Language:** English ☐ French ☐

Employment Date: y y y y — m m — d d **Coverage:** Single ☐ Family ☐

Employment Status: Active ☐ **Employment Province:** ______

Mailing Address:
Street P.O. Box, R.R. #
City Province Postal Code

DEPENDENT INFORMATION **Do dependents have other Green Shield coverage? If yes, please provide GS ID#** ______

Dep.	Surname (if different than Subscriber)	Legal First Name	Preferred First Name	Init	Birthdate y	y	y	y	m	m	d	d	Gender
Spouse													
1st Child													
2nd Child													
3rd Child													
4th Child													
5th Child													
6th Child													
7th Child													
8th Child													

By signing this enrollment form or by providing my personal information to my employer, I agree the information is complete and accurate to the best of my knowledge. I am authorized to release information concerning my spouse and my dependents for the purposes of determining their eligibility for benefits. If my social insurance number is used as my certificate number, I authorize its use for the identification and administration of my group benefits. For further information on our privacy policies and procedures, please refer to your benefit plan booklet and our website at www.greenshield.ca.

______ (**Subscriber**)

______ (Requested by **Regional Benefit Officer**)

______ (Checked by Ben Sys & Supp Officer)