

## BPG Inc. Dental Plan Coverage Enrollment Form

APPLICANT INFORMATION		NOTIFICATION	OFFICE USE ONLY
SURNAME		NEW MEMBER EFFECTIVE                                                  01 Year                      Month                      Day	Identification No.
FIRST NAME			Group No.
HOME MAILING ADDRESS		NOTE: Coverage begins on the first of the month you request but is <u>subject to written confirmation</u> from Green Shield Canada	
CITY	PROVINCE		
Birth Date Year   Month   Day	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family	My current Bell Coverage is based on (check one only): <input type="checkbox"/> 1988 Rates <input type="checkbox"/> 2 Year Old Rates
BPG Member ID Number: <u>NOT BELL EMPLOYEE NUMBER</u>			
NO. JOINING PLAN	Date of Retirement Year   Month   Day	Email (Print clearly)	

DEPENDENT ENROLLMENT INFORMATION			
DEPENDENTS	SURNAME	FIRST NAME	BIRTHDATE YY/MM/DD
			/ /
SPOUSE			/ /
1ST CHILD			/ /
2ND CHILD			/ /
3RD CHILD			/ /
4TH CHILD			/ /
5TH CHILD			/ /

I hereby apply for Dental Benefit Coverage from Green Shield Canada. By signing this enrollment form or by providing my personal information to RMS Retirement Management Services Ltd., I acknowledge and agree that the information is complete and accurate, to the best of my knowledge. I authorize the release of my information and the information concerning my spouse and my dependents, for the purpose of determining eligibility for benefits. For further information on Green Shield Canada's privacy policy and procedures, please refer to their website at [www.greenshield.ca](http://www.greenshield.ca)

\_\_\_\_\_  
 Signature of Applicant



### Sample Pre-authorized Payment Authorization

FINANCIAL INSTITUTION		ACCOUNT HOLDER(S)		
Name of Financial Institution <b>PACIFIC BANK</b>		Mr. Mrs. Ms. Miss	Surname <b>DOE</b>	First Name <b>JOHN</b>
Street <b>1234 ADMIRALS ROAD</b>		Street <b>627-909 PEMBROKE ST</b>		
City <b>VICTORIA</b>	Province <b>BC</b>	City <b>VICTORIA</b>	Province <b>BC</b>	Postal Code <b>V8T 1J1</b>
Postal Code <b>V9Z 1A7</b>		Phone <b>( 250 ) 555 - 4197</b>		
		Branch Number <b>210066</b>	Institution <b>770</b>	Account Number <b>964076</b>

A debit in the amount of \$ XX dollars may be drawn from my (our) account on the first day of each month beginning Month/Year. This amount may be increased/decreased at a future date to reflect premium changes. RMS will give me (us) advance written notice of the revised amount.

I (We) will give written notice to RMS, prior to the next due date of the debit, if the account information changes or I (we) wish to terminate this authorization.

I (We) acknowledge delivery of this authorization to RMS to constitutes delivery to the above noted financial institution.

### Sample "VOID" cheque

