beneva

ENROLMENT FORM - STRIKE BENEFITS

OJTBF
Not For Profit Group Benefits

Reset

Identification of the Participant

Contract Holder	Contract Number	Effective Date
OPSEU/SEFPO Strike Plan	33YB1	2026 05 25

Last Name	First Name	SIN

Address	Union ID

Town/City	Province	Postal Code

Date of Birth	Sex at birth	Phone Number
Y Y Y Y M M D D		

Spouse and Dependent Children

Spouse's Last Name	First Name	Date of Birth
		Y Y Y Y M M D D

First and last name of child	Sex at birth	Date of Birth	If full time student, name of educational institution
	○ M ◉ F	Y Y Y Y M M D D	
	○ M ○ F	Y Y Y Y M M D D	
	○ M ○ F	Y Y Y Y M M D D	
	○ M ○ F	Y Y Y Y M M D D	
	○ M ○ F	Y Y Y Y M M D D	
	○ M ○ F	Y Y Y Y M M D D	

Beneficiary

The amount insured will be payable to my estate ☐

I wish to designate the following beneficiary(ies) in the event of my dealth:

Name(s)	Relationship

I hereby appoint (full name/relationship) _____ as Trustee to receive any amount payable to a minor beneficary under this policy and declare the receipt by such Trustee shall discharge the insurance company for the amount so paid. And I do hereby authorize the Trustee, within his/her discrection, to expend all or any such amount and/or the income resulting from the proceedsfor the maintenance or education of such minor. (You must appoint a trustee if your beneficiary is under age 18.

Authorization

Should the above Member Identification Number represent my Social Insurance Number, I hereby authorize Beneva Inc. to use my Social Insurance Number for purposes of administration of my group benefit plan. I understand that my Social Insurance Number will be kept in strictest confidence and will only be used for the purposes authorized herein.

I declare that the statements I have made on this form are complete and true. I understand that if any statement is incomplete or false, coverage may be voided.

On behalf of myself and my eligible dependents, I authorize my group benefit provider, Beneva Inc. and any of its affiliates or reinsurers to exchange the personal information contained on this form or any other benefit-related personal information contained in their files now or in the future respecting me or any of my eligible dependents. I give my consent on the understanding that the information will be used solely for purposes of administration and management of my group benefit plan. This consent shall continue so long as I and my dependents are covered by, or are claiming benefits under the present group contract, or any modification, renewal or reinstatement thereof.

Date: year month day Signature: _____

Send this completed form to: OJTBF - Strike Benefits
505 Consumers Road, Suite 511, Toronto, ON M2J 4V8