REENROLMENT FORM
EVOLUTION – Modular Plan

ADMINISTRATIVE INFORMATION			
Employer / Policyholder name		Group No.	Employee No.
Employee's last name	First name		Certificate No.
Address (No. / Street / Apt.)		Email	
City	Province	Postal code	Telephone

Quebec residents ☞ Before completing this section, please refer to the "BILL 33" document on reverse

MODULE CHOICE	
The "staircase" rule applies. You can move up and/or down one level at a time. If you have Opted-out, you are eligible for the SILVER module only.	
HEALTH AND/OR DENTAL CARE	☐ OPT-OUT ☐ SILVER ☐ GOLD ☐ PLATINUM
OPTIONAL LIFE INSURANCE:	Insured: ☐ Amount requested: $______________ Increments of $10,000 - Minimum $20,000 / maximum $300,000 Spouse: ☐ Amount requested: $ ______________ Increments of $10,000 - Minimum $20,000 / maximum $300,000 Child: ☐ Amount requested: $ ______________ Increments of $5,000 - Minimum $5,000 / maximum $50,000 **Must be approved by the insurer - An Evidence of Insurability form must be completed and sent to AGA**

EMPLOYEE'S SIGNATURE	
Employee's signature	Date

Children covered by another plan – Please provide the following details:	
Indicate for which child the following applies – Child #: ________________________	
Health care	**Dental care**
☐ Coverage by the plan of current spouse ☐ Coverage by the plan of the other parent ☐ Coverage by the plan of the spouse of the other parent ☐ Coverage by the plan of the other parent and the spouse of the other parent ☐ Coverage by the plan of an educational institution: ☐ including drug coverage ☐ excluding drug coverage	☐ Coverage by the plan of current spouse ☐ Coverage by the plan of the other parent ☐ Coverage by the plan of the spouse of the other parent ☐ Coverage by the plan of the other parent and the spouse of the other parent ☐ Coverage by the plan of an educational institution: ☐ including drug coverage ☐ excluding drug coverage
If the parents are separated, divorced or not living together: Are you the sole custodial parent? ☐ **or** Does the other parent have sole custodial? ☐ **or** Do you have shared custody? ☐ If you share custody, please indicate other parent's date of birth: (YYYY/MM/DD): ________________________	***If the parents are separated, divorced or not living together:*** Are you the sole custodial parent? ☐ **or** Does the other parent have sole custodial? ☐ **or** Do you have shared custody? ☐ If you share custody, please indicate other parent's date of birth: (YYYY/MM/DD): ________________________
Indicate for which child the following applies – Child # : ________________________	
Health care	**Dental care**
☐ Coverage by the plan of current spouse ☐ Coverage by the plan of the other parent ☐ Coverage by the plan of the spouse of the other parent ☐ Coverage by the plan of the other parent and the spouse of the other parent ☐ Coverage by the plan of an educational institution: ☐ including drug coverage ☐ excluding drug coverage	☐ Coverage by the plan of current spouse ☐ Coverage by the plan of the other parent ☐ Coverage by the plan of the spouse of the other parent ☐ Coverage by the plan of the other parent and the spouse of the other parent ☐ Coverage by the plan of an educational institution: ☐ including drug coverage ☐ excluding drug coverage
If the parents are separated, divorced or not living together: Are you the sole custodial parent? ☐ **or** Does the other parent have sole custodial? ☐ **or** Do you have shared custody? ☐ If you share custody, please indicate other parent's date of birth: (YYYY/MM/DD) : ________________________	***If the parents are separated, divorced or not living together:*** Are you the sole custodial parent? ☐ **or** Does the other parent have sole custodial? ☐ **or** Do you have shared custody? ☐ If you share custody, please indicate other parent's date of birth: (YYYY/MM/DD) : ________________________

Initials : ______________

QUEBEC RESIDENTS ONLY
BILL 33 – "DID YOU KNOW…"

- ✓ *On January 1st, 1997, Bill 33 (Quebec Universal Drug Plan) became effective for all Quebec residents.*
- ✓ *All Quebec residents under 65 years of age that have access to a group insurance plan, are obliged to join the group plan. If a person is covered by another group plan or if a person is covered by a spouse's group plan, proof of such coverage must be filed with your employer.*
- ✓ *On the group insurance application form with your employer, you are obliged to insure all eligible dependents, spouse and children, unless these dependents are already covered by another group plan.*
- ✓ *Your eligible dependents cannot be insured with R.A.M.Q. (Quebec Universal Drug Plan) if you are covered by your employer's group plan, with the exception of a spouse, aged 65 years and over.*
- ✓ *When filing your Quebec tax return, you will be asked if you have met the requirements according to this law.*

For further information, please do not hesitate to contact Customer Service at the following numbers:

Montreal area: ***514-935-5444***
Elsewhere in Quebec: ***1 800 363-6217***
Fax: ***514-935-1147***