

Waiver (Refusal) of Family Coverage



Employee Information

Please Print

Employee Name (first, initial, last)

Municipality Name

Dependents Information

Dependent Name (first, initial, last)

Dependent Name (first, initial, last)

Dependent Name (first, initial, last)

Dependent Name (first, initial, last)

Reason for Refusal

Certification and Authorization

PLEASE NOTE THAT YOU MAY REFUSE COVERAGE ONLY IF PARTICIPATION IN YOUR PLAN IS NOT MANDATORY.

I have been given an opportunity to include my dependents in my Employer Group Benefits Program under a policy issued, or to be issued, by Western Financial Group Insurance Solutions and the benefits of the plan have been explained to me. I have given it careful consideration and do not wish to add my dependents to this plan.

I understand that if I wish to add my dependents to my plan at a later date that they will have to make an application in writing and, at my own expense, provide Western Financial Group Insurance Solutions with medical evidence of insurability. However, Western Financial Group Insurance Solutions retains the right to refuse the application for coverage. If coverage is approved, Dental Care Benefits (if any) will be limited during the first 12 months of coverage.

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group Insurance Solutions, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group Insurance Solutions is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group Insurance Solutions' commitment to privacy and security refer to our web site: www.westernfgis.ca

Employee Signature

Date Signed (yy/mm/dd)

Employer Signature

Date Signed (yy/mm/dd)



Complete and send to:
Western Financial Group Insurance Solutions
777 Portage Avenue, Winnipeg, MB R3G 0N3
Toll Free: 1-800-665-8990

Western Financial Group (Network) Inc.
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