

The Construction Industry's Benefit Plan

Employee Enrolment Form

CIBP Hour Bank Plan

Instructions

Please complete Section 1, then choose one of the following options:

- Online Enrolment Option:** Submit the form to the Hour Bank Team via email to benefits@mycibp.ca. We will process the enrollment and email the employee with instructions to complete their registration. The employee will receive an email to create their online account and finalize their enrolment by reviewing or updating their address, adding dependents, and designating beneficiaries.
- PDF Enrolment Option:** Complete the remaining sections of the form and return the completed document to the Hour Bank Team via email to benefits@mycibp.ca.

Section 1: Employment

Organization/Company					
Client Code (Optional)		Billing Group No. (Optional)			
Employee Legal First Name					
Employee Legal Last Name					
Employee Date of Birth (MM/DD/YYYY)		Employee Gender	Male	Female	<input checked="" type="checkbox"/>
Employee Email					
Occupation				Date of Hire (MM/DD/YYYY)	
Additional Information (Optional)					

Section 2: Demographics

Mailing Address						
City		Province			Postal Code	
Phone No.						
Dependent Information – complete this section if you have a spouse/eligible children				More than 4 children, attach list		
	Last Name	First Name	Date of Birth (MM/DD/YYYY)	Gender		
Spouse				Male	X	Married
				Female		Common-Law*
						*Date of Cohabitation
Child 1				Male	X	Full-time Student
Child 2				Female		Disabled
Child 3				Male	X	Full-time Student
Child 4				Female		Disabled
				Male	X	Full-time Student
				Female		Disabled

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Section 3: Beneficiary Designation for Basic Life and Basic Accidental Death insurance

Primary Beneficiary(ies)		To designate more than 3 primary beneficiaries, complete Beneficiary Designation form.			
	First Name	Last Name	Relationship to You	Type <small>Important: See note below</small>	Percentage
1				Revocable Irrevocable	%
2				Revocable Irrevocable	%
3				Revocable Irrevocable	%

If you designate a beneficiary as irrevocable, that person's consent is required if you later want to change your beneficiary. A minor child cannot give consent, therefore if you designate a minor child as irrevocable, you will not be able to change your beneficiary until the child reaches the age of majority and consents to the change.

The percentages must total 100%. If percentage is left blank, insurance will be split evenly among the beneficiary(ies). If you want to designate more than 3 primary beneficiaries, complete Beneficiary Designation form. If you do not designate a beneficiary, proceeds will be paid to your estate.

Trustee (Complete if any beneficiary is under the age of majority.)					
I appoint		as Trustee to receive any amount due to any beneficiary under the age of majority			
Contingent Beneficiary (Optional):		Name (First name, Middle initial, Last name)		Relationship to You	

Section 4: Personal Information Release

Please list any individuals that you would like to have access to your personal information under the Plan. Personal information includes but is not limited to: ID number, beneficiary information and claims information.

First Name	Last Name	Relationship to You

Section 5: Declaration and Authorization

Protecting your personal information

CIBP is committed to protecting the privacy, confidentiality, accuracy and security of your personal information. Your personal information, and the personal information of your spouse and dependents, if applicable, will be collected and used by us to determine your eligibility for group benefits coverage, to administer the group benefits plan, to assess benefits and insurance claims and for other purposes described in our Privacy Policy, which is available at mycibp.ca. Access to personal information is limited to authorized employees and contractors of CIBP who require it to perform their duties, to those persons that you have granted access (such as your spouse or employer) and to other persons authorized by law.

Personal information may also be shared with third parties that help us administer the group benefits plan, such as insurance companies and their reinsurers, your employer, health services providers, administrators of government benefits or other benefits programs and our technology partners, including for the purposes of verifying eligibility for specific benefits or claims, processing payments and investigating or reporting suspected or apparent fraudulent or suspicious claims behaviour.

For more information about our privacy practices and procedures, please see our Privacy Policy or contact our Privacy Officer at privacy@mycibp.ca.

Declaration and authorization

I hereby apply for coverage under this policy, and accept its terms and conditions. I authorize the necessary contributions to be made through payroll deductions, if applicable.

I have read, understand and agree with the section above entitled "Protecting your personal information" and hereby consent to the collection, use and disclosure of my personal information as described in this form and CIBP's Privacy Policy. If I have provided the personal information of my spouse or any dependents, I hereby confirm that I am authorized to act on their behalf.

I understand that I am responsible for the accuracy of all claims submitted on behalf of myself, my spouse and/or my dependents, and that my eligibility and/or entitlement to any or all benefits under the Plan may be suspended and/or revoked without notice in the event that I, my spouse or any dependents am found to have made fraudulent or repeated inaccurate claims under the plan. Further, I hereby authorize my employer to deduct from my payroll and remit to the plan any amounts paid to me as a result of fraudulent or inaccurate claims by myself, my spouse or my dependents.

I certify that I am covered, and my spouse and dependents (if applying for coverage) are covered by a provincial medical plan, e.g. Medical Services Plan of BC.

I certify that all of the information I have provided on this form is true, correct and complete to the best of my knowledge.

Employee Signature

Date Signed

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Instructions/Additional Information:

Billing Group No. - Provide only if the plan has multiple divisions or billing groups; otherwise leave blank. If applicable, the number will appear on your monthly invoice.

Child - Your child must be a person residing in Canada who, at the time of the event that results in a claim, is under 21 years of age or under 25 years of age and a full-time student at an accredited educational institution or regardless of age became totally disabled and has been continuously so disabled since that time and is considered a Dependent as defined under the Income Tax Act. Your child must also be not married, not employed on a full-time basis; covered under a provincial health insurance plan (e.g. Medical Services Plan of BC) and not eligible for plan benefits as the subscriber under this or any other group plan.

Client Code - Indicate either number as it appears on your monthly invoice.

Contingent Beneficiary - If all the primary beneficiaries should die before you, proceeds will be paid to a contingent beneficiary. Should there not be any surviving beneficiaries at the time of your death, the proceeds will be paid to your estate.

Gender - Please indicate the gender on your government issued ID. For gender X, write "X". Note: the insurance company may require a gender of male or female for underwriting purposes.

If over 21 - To be covered on your plan beyond age 21, a child must either meet Canada Revenue Agency's criteria for a full-time student, or be disabled. If your child is disabled, additional information is required to approve coverage beyond the plan's age limits. Contact us for more information.

Date of hire - Indicate the date the employee began working 20 hours per week on a regular basis, not including overtime. Usually, this will be the original date of hire; however, if the employee was hired on a casual basis, or on a part-time basis working less than 20 hours per week on average, enter the date employment changed to 20 hours/week. If this is a reinstatement, enter the date of rehire.

Primary Beneficiary - If you designate a beneficiary as irrevocable, that person's consent is required if you later want to change your beneficiary. The percentages must total 100%. If percentage is left blank, insurance will be split evenly among the beneficiary(ies). If you want to designate more than 3 primary beneficiaries, complete Beneficiary Designation form. If you do not designate a beneficiary, proceeds will be paid to your estate.

Spouse - Your Spouse must be a person residing in Canada who, at the time of the event that results in a claim is legally married to or living in a civil union with you, or is living with you in a conjugal relationship for at least 12 months and has not been separated from you for 90 days or more for a breakdown in the relationship, or is living in a conjugal relationship with you who is the natural parent of the Spouse's Child and has not been separated from you for 90 days or more for a breakdown in the relationship. To be eligible for coverage your spouse must be covered under a provincial health insurance plan (e.g. Medical Services Plan of BC).

Spouse's Birthday - Why do we need to know your spouse's birthday? If you've listed your spouse in section 2 of this form, you don't have to provide their birthday again here. Otherwise, this is needed to establish which plan is primary and which is secondary. Where the child lives with both parents, the plan of the parent with the birthday that occurs earliest in the year (regardless of age) is the primary plan.

Trustee - Designate a trustee for any beneficiary who is younger than the age of majority in your province.

Type - If you designate a beneficiary as Irrevocable, you cannot change your beneficiary designation without that person's consent. Important note: If you designate a minor child as your Irrevocable beneficiary, the child cannot consent to a change in beneficiary until they reach the age of majority. If you designate your beneficiary as Revocable, you may change your beneficiary designation at any time without restriction.