

AUTOMOTIVE RETAILERS ASSOCIATION

GROUP ENROLMENT FORM

Please **PRINT** the following information clearly (type or use blue ballpoint pen). Initial any changes. Photocopy required number of copies onto plain paper for each employee to complete.

Please sign, date and return original directly to:

Automotive Retailers Association, #1–8980 Fraserwood Court, Burnaby, BC V5J 5H7

Company Code	Clas	3.		I New App	licant 🗌	Keinst	ate 🗆 Ti	ansiei	Hom at	iotner A	KA Gro	νup
1. EMPLOYEE	DETAILS:											
Last Name:					Memb (Social		e Number)					
First Name				Sex: Male	Female	Date	of Birth:	,	of a male	D		V
Marital Status:		Single	Widowed	☐ Separated	1 🔲 I	Divorced	□С	ommon-	Month Law**	Day Marr	ried**	Year
Mailing Address:				-								
City:			Prov:		Postal C	ode:			Phone: ()		
Email Address:					ı							
	INT INFORMAT	ION:								4	** Please comp	plete #3 below
Employer:	- INT INTORMAT	1014.					Occupat	tion:				
Date Employed			Earnings: \$		Earnings	☐ Ye	•	Semi-Mor	thly W	eekly	Hours Per	r
Full Time:	Month Day	Year	- '		Period		onthly I			ourly	Week	:
	enefits: (please choos ☐ Single ☐ Fan	nily** [☐ Waived**		Dental:	Sing		of the foll Couple*		Family**	□Wa	ived**
Have you applied fo	or Fair Pharmacare	?	Yes ⇒ Please s	upply Fair Ph	armacare	Number	1			a	* Place com	plete #3 below
3. SPOUSE DI	ETAILS **:										· Flease Colli	piete #3 below
Spouse Last Name:					Spo	use First	Name:					
Sex:	☐ Male ☐ I	Female	For Common La named spouse an									
Spouse Date of Birth:	Month Day	Vaan	wish to provide of			legal spo			iaw spouse.	1 certify t	nat i do ne	of flave of
	Month Day	Year		Oth on Comm	. Dlan Data							
Do you or your spou Extended Health Be	enefits \(\square\) No \(\square\)			Other Source								
Dental	□ No □	Yes ⇒□	Single Family	Employer:_								
	If Yes: please	complete th	is information ⇒	ID Number:			Insuran	ce Comp	any:	Group	Number:_	
				1								
4. CHILDREN	DETAILS **:			•								
4. CHILDREN			First Name		Sex		Date Of B			tudent*** See below)	Hand	dicapped
			First Name		Sex M F	Mont		Birth Yea		tudent*** See below) Y N		
			First Name							See below)	Y	dicapped
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