AUTOMOTIVE RETAILERS ASSOCIATION



GROUP ENROLLMENT FORM

 $\ \odot$ Please **PRINT** the following information clearly (type or use blue ballpoint pen). Initial any changes.

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© Please sign, date and return original directly to:
Automotive Retailers Association, #1–8980 Fraserwood Court, Burnaby, BC V5J 5H7

Account Number Company Code	C	lass:] New Applica	nt 🗆 R	einstate 🗌 T	ransfer fro	om another	ARA Grou	ıp	
1. EMPLOY	EE DETAILS:										
Last Name:					Member (Social In	ID surance Number)	,				
First Name				Sex: Male F		Date of Birth:		n Da	V	Year	
Marital Status:		Single	Widowed	☐ Separated	Divo	rced Co	ommon-Law*		ried**	Teal	
Mailing Address:											
City:			Prov:	Pe	ostal Cod	e:	Pho	one: ()			
2. EMPLOY	MENT INFORMA	TION:							** Please comple	ete #3 below	
Employer:						Occupa	tion:				
Date Employed Full Time:	Month Day	Year	Earnings: \$		arnings Period	Year Monthly	Semi-Monthly	☐ Weekly ☐ Hourly	Hours Per Week:		
	Benefits: (please ch	oose one of the			ntal: (p	lease choose one	of the followin	ng)		. 144	
Have you applied	Single 1 d for Fair Pharmaca		☐ Waived**] Yes ⇒ Please s	upply Fair Pharm			Couple**	☐ Family**	☐ Waiv	/ed**	
3. SPOUSE	DETAILS **:								** Please comple	ete #3 below	
	pouse Last Name:				Spouse	e First Name:					
Sex:	☐ Male ☐ Female For Common Law Status: named spouse and represe										
Spouse Date of Birth:	Month D	ay Year		coverage to my oth			·.	spouse. Teering	y that I do not	nave or	
Do vou or vour si	pouse have coverage	•	her source?	Other Source Pla	an Details	1, 0					
Extended Health Dental	Benefits No		Single Family Single Family	Employer:							
Dental			is information ID Number:					ıp Number:			
4. CHILDRE	N DETAILS **:										
Last Name			First Name			Sex Date Of Birth Month Day Year			Student*** (See below) Handicapped		
				М	F	Wolfin Day	, ica	Y N	Y	N	
				M	F			Y N	Y	N	
				M	F			Y N	Y	N	
				M	F			Y N	Y	N	
										N	
				M	F			Y N	Y		
5. BENEFIC	IARY DESIGNA	TION:				e documentation of fu	ll-time student sta			and 25 years	
	CIARY DESIGNA e as revocable benefic		ent of my death: {P	*** F	Please provide		ll-time student sta			and 25 years	
I hereby designate		ciary in the eve	•	*** F lease use full legal	Please provident name(s)}				ildren between 20		
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I hereby designate Name: Name:	e as revocable benefic	ciary in the eve		*** F lease use full legal	Please provide I name(s)}	Rela	ationship:	itus for dependent chi	ildren between 20		
I hereby designate Name: Name: IMPO	e as revocable benefic	ust sign and o	late the form	*** Filease use full legal	Please provide I name(s)}	RelaRela	ationship:	Itus for dependent chi	ildren between 20		
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