

ENROLLMENT FORM FOR PACIFIC RIM						CLASS: _____		
NAME Last                      First                      Initial				MALE <input type="checkbox"/> SINGLE <input type="checkbox"/> FEMALE <input type="checkbox"/> MARRIED <input type="checkbox"/>		GROUP NO.		
ADDRESS				DATE OF BIRTH Day    Month    Year		EFFECTIVE DATE		
CITY		PROV		POSTAL CODE		Social Insurance Number		TELEPHONE NO.
EMPLOYER OR GROUP				DEDUCTIBLE \$ _____	BASIC _____ % \$ _____	MAJOR _____ % \$ _____	ORTHO _____ % \$ _____	
List of Dependent Below (spouse first)				Sex M/F	Date of Birth Day    Month    Year		Extended Health Benefits To be included in dental limit _____ %    Yes <input type="checkbox"/> \$ _____    No <input type="checkbox"/>	Family Limit <input type="checkbox"/> Individual Limit <input type="checkbox"/> <b>Shaded Area for Office Use Only</b>
01							I HEREBY APPLY FOR THE GROUP DENTAL/EHB COVERAGE FOR WHICH I MAY BE ELIGIBLE, AND I AUTHORIZE THE RELEASE OF MY DENTAL/MEDICAL RECORDS TO PACIFIC RIM, SEE BELOW.  EMPLOYEE'S SIGNATURE <u>  X  </u>  APPLICATION DATE _____	
02								
03								
04								
05								
06								
Beneficiary (if applicable) AD&D _____ Print name/relationship to employee								

**OUR COMMITMENT IS TO PROTECT YOUR PRIVACY**

**YOUR RIGHTS AS THEY PERTAIN TO YOUR PERSONAL INFORMATION:**

- You have the right to know why an organization collects, uses or discloses your personal information.
- You have the right to expect an organization to handle your information reasonably and to not use it for any other purpose other than the one to which you consented.
- You have the right to know who in an organization is responsible for protecting your information.
- You have the right to expect an organization to protect your information from unauthorized disclosure
- You have the right to inspect the information an organization holds about you and make sure it is accurate, complete and current.
- You have the right to expect an organization to destroy your information when requested or when no longer required for the intended original purpose (subject to ITA rules for retention of records).
- You have the right to know how your organization handles your information with regard to the Privacy Commissioner of Canada or any Provincial Legislation applying to your privacy.

**Collection, Use and Disclosure of Information In Order To:**

- Communicate with you in a timely and efficient manner
- Assess your application for investment, insurance, and other prepaid services available to you by your firm
- Determine contributions payable for such insurance and/or prepaid services
- Assess eligibility for coverage and the nature and amounts of such coverage
- Review information (as deemed necessary) for the purpose of assessing and managing claims
- Evaluate underwriting risks when required
- Detect and prevent fraud
- Act as required or authorizes by law

For our full disclosure, including your rights and the use of any medical personal information, inclusive of your families information, do not hesitate to contact: Douglas D. Anderson, Privacy Officer, 778-331-0386 / 1-855-491-8808