

## **CHECKLIST - FORMS TO BE COMPLETED UPON APPLICATION**

Listed below are the forms we require for new enrollees:

Age Group Forms Required during 6-		Forms Required after Open	
	month Open Enrollment period	Enrollment period	
1-17 years	<ul> <li>✓ Listed as dependent on Main insured's Enrollment Form</li> <li>✓ Child declaration of health up to age 16 years)</li> <li>✓ Adult Health Declaration for over age 16 years</li> <li>✓ Certified Birth Certificate</li> <li>✓ Covid-19 questionnaire</li> </ul>	<ul> <li>✓ Listed as dependent on Main insured's Enrollment Form</li> <li>✓ Child declaration of health up to age 16 years)</li> <li>✓ Adult Health Declaration for over age 16 years</li> <li>✓ Certified Birth Certificate</li> <li>✓ Covid-19 questionnaire</li> <li>✓ Full Medical (As advised by Insurer and at the insured's cost)</li> <li>✓ **Subsequent examinations / diagnostic tests may be required</li> </ul>	
18 – 45 years	<ul> <li>✓ Enrollment Form</li> <li>✓ Adult Health Declaration</li> <li>✓ Covid-19 questionnaire</li> <li>✓ Certified picture identification</li> <li>✓ Certified Marriage Certificate (for married persons)</li> <li>✓ Common-Law Declaration (for persons in common-law relationship)</li> </ul>	<ul> <li>✓ Enrollment Form</li> <li>✓ Adult Health Declaration</li> <li>✓ Covid-19 questionnaire</li> <li>✓ Certified picture identification</li> <li>✓ Certified Marriage Certificate (for married persons)</li> </ul>	
46-65 years	<ul> <li>✓ Enrollment Form</li> <li>✓ Adult Health Declaration</li> <li>✓ Covid-19 questionnaire</li> <li>✓ Certified picture identification</li> <li>✓ Certified Marriage Certificate (for married persons)</li> </ul>	<ul> <li>✓ Enrollment Form</li> <li>✓ Adult Health Declaration</li> <li>✓ Covid-19 questionnaire</li> <li>✓ Certified picture identification</li> <li>✓ Certified Marriage Certificate (for married persons)</li> </ul>	

	✓ ✓ ✓	Common-Law Declaration (for persons in common-law relationship) Full Medical (at the insured's cost) **Subsequent examinations /		Common-Law Declaration (for persons in common-law relationship) Full Medical (at the insured's cost) **Subsequent examinations
		diagnostic tests may be required		/ diagnostic tests may be required
65-75 years (Retiree	✓	Enrollment Form	<b>√</b>	Enrollment Form
Plan)	$\checkmark$	Adult Health Declaration	$\checkmark$	Adult Health Declaration
	$\checkmark$	Covid-19 questionnaire	✓	Covid-19 questionnaire
	$\checkmark$	Certified picture identification		Certified picture identification
	$\checkmark$	Certified Marriage Certificate		Certified Marriage Certificate
		(for married persons)		(for married persons)
	$\checkmark$	Common-Law Declaration (for	✓	Common-Law Declaration
		persons in common-law relationship)		(for persons in common-law relationship)
	$\checkmark$	Full Medical (at the	$\checkmark$	Full Medical (at the
		insured's cost)		insured's cost)
	$\checkmark$	**Subsequent examinations /	$\checkmark$	<b>**Subsequent examinations</b>
		diagnostic tests may be required		/ diagnostic tests may be required