

FNIS PLAN GROUP INSURANCE APPLICATION/ DATA CHANGE FORM



FIRST NATIONS
INSURANCE SERVICES LTD.

A. EMPLOYER SECTION (TO BE COMPLETED BY EMPLOYER)

<input type="checkbox"/> New Employee <input type="checkbox"/> Reinstatement <input type="checkbox"/> Termination Effective Date:	<input type="checkbox"/> Data Change (complete only S.I.N., Name and Changed Section) Effective Date:	Transfer (between Divisions) From: To: Effective Date:
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Employer:		Plan ID#	
Employee Last Name		Employee First Name and Initial	
Employee SIN#			
Date of Hire	Effective Date of Coverage	Province of Employment	Province of Residence
Day/Month/Year	Day/Month/Year		
Employment Class		Occupation	Basic Annual Salary
<input type="checkbox"/> Full-time <input type="checkbox"/> Teacher <input type="checkbox"/> Nurse <input type="checkbox"/> Board <input type="checkbox"/> Permanent Casual/Temporary <input type="checkbox"/> Regular Seasonal <input type="checkbox"/> Permanent Seasonal <input type="checkbox"/> Chiefs/Councillors/Senators/Elders			

B. EMPLOYEE INFORMATION (THIS SECTION FORWARD TO BE COMPLETED BY EMPLOYEE)

Social Insurance Number		Band Name and 10-Digit Treaty Number (if any)		Employee Last Name		First Name and Initial	
Gender	Date of Birth	Spouse:	Dependent Children				
<input type="checkbox"/> Male <input type="checkbox"/> Female	Day/Month/Year	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No				
				<i>Please list on reverse of form</i>			

C. BENEFICIARY DESIGNATION

In the event of my death, I hereby designate the following as beneficiary(ies) entitled to receive the proceeds arising under the plan:

Name of Beneficiary (last name, first name and initial)	Beneficiary's Date of Birth	Relationship	Percentage

in equal shares (unless stipulated otherwise above), if then living, otherwise my estate, I reserve the right to change the above designation at any time in the future.

I HEREBY NOMINATE AND APPOINT _____ IF LIVING, AS TRUSTEE TO RECEIVE AND DISBURSE ANY MONIES PAYABLE HEREUNDER TO A CHILD AFORESAID DURING MINORITY AND ANY PAYMENT SO MADE TO THE SAID TRUSTEE SHALL DISCHARGE THE UNDERWRITER TO THE EXTENT OF SUCH PAYMENT.

Office Use Only

