

Note: Fill out this form to add or remove a Dependant

| | | | | | |
|-----------------------------------|---------------------------------------|--|--------------------------|------------|---|
| 1. Plan Member Information | The Power Sector Benefit Trust | | 56105 | | |
| | plan sponsor | | group policy number: | | |
| | SIN | | date of birth (mm/dd/yy) | | sex <input type="checkbox"/> M <input type="checkbox"/> F |
| | last name | | middle initial | first name | |
| | address | | city | province | postal code |
| | phone | | cell | email | |

| | | | | | | | | |
|--|--|-----------|------------|------------|--------------|---|---|--|
| 2. Dependant Information | <input type="checkbox"/> add <input type="checkbox"/> remove | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | status | last name | initial | first name | sex | relationship | date of birth (mm/dd/yy) | |
| | <input type="checkbox"/> add <input type="checkbox"/> remove | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| | status | last name | initial | first name | sex | relationship | date of birth (mm/dd/yy) | |
| <input type="checkbox"/> add <input type="checkbox"/> remove | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| status | last name | initial | first name | sex | relationship | date of birth (mm/dd/yy) | | |
| <input type="checkbox"/> add <input type="checkbox"/> remove | | | | | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| status | last name | initial | first name | sex | relationship | date of birth (mm/dd/yy) | | |

| | | | | | | | | |
|---|---|--|--------------------|----------------|----------|--|--|--|
| 3. Administrator | <input type="checkbox"/> add <input type="checkbox"/> change status | | | | | | | |
| | | | certificate number | | division | | | |
| This section to be completed by administrator | reason | | | effective date | | | | |