Chamber's Plan
Employee

Group Benefit Plan Waiver

(Not applicable in the province of Quebec)

I, _____ (Name), have been offered the opportunity to participate in my employer's employee benefit program. I understand the benefits offered and I do not wish to enroll in the program.

I understand that by refusing these benefits, my heirs / beneficiaries and I have no claim, now or in the future, for benefits under the program. I hold my employer, its representatives and the insuring company(ies) harmless from all future claims.

I also understand that if I wish to participate in the employee benefit program at a later date, participation will be subject to the insurer's approval. I may be required to provide evidence of my good health and/or my dependents' good health. Any dental benefits will be limited to $250 per employee or dependent in the first twelve months of coverage.

Dated at _____ (Town/City) in _____ (Province), this _____ (Day) of _____ (Month) 20_____ (Year).

Firm Name

Firm Number

Employee's Signature

Plan Administrator's Signature (if applicable)

Desjardins Insurance and Sutton Special Risk/Lloyd's are the primary insurers for the Plan.
Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company