RBC Insurance

# VOLUNTARY ACCIDENT INSURANCE ENROLLMENT FORM

*Please return both copies to your Human Resources Department*

**PLEASE PRINT WITH BALLPOINT PEN OR TYPE**

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|---|---|
| EMPLOYER: | EMPLOYEE NO.: |
| EMPLOYEE: Last Name First Name Initial | DATE OF BIRTH: MM DD YYYY |
| PLAN (✔ one): ❑ EMPLOYEE ONLY ❑ EMPLOYEE AND FAMILY | EMPLOYEE'S AMOUNT OF INSURANCE $ |
| BENEFICIARY:<br>RELATIONSHIP: | **FOR RESIDENTS OF QUEBEC ONLY:** A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here. REVOCABLE ❑ |

COMPLETE ONLY IF YOU HAVE CHOSEN THE FAMILY PLAN, YOU ARE THE BENEFICIARY FOR YOUR ELIGIBLE DEPENDENTS.

| | |
|---|---|
| YOUR SPOUSE: Last Name First Name Initial | DATE OF BIRTH: MM DD YYYY |
| ❑ I AUTHORIZE THE DEDUCTION FROM MY SALARY OF THE PREMIUMS FOR THE INSURANCE APPLIED FOR AS SHOWN ABOVE.<br>Employee's Signature | ❑ I HAVE BEEN GIVEN THE OPPORTUNITY TO APPLY FOR THIS INSURANCE BUT DO NOT WISH TO PARTICIPATE.<br>Date |
| **(OFFICE USE ONLY)**<br>EFFECTIVE DATE: _____<br>MONTHLY DEDUCTION: $ _____ | |

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