





**Health Insurance Department  
Health Insurance Plan / FutureCare Plan  
Group Application Form**

**FOR OFFICIAL USE**

Employee's Effective Date  
(DD/MM/YY):

Existing Group Name:

Group #:

**Section B: Employee Information**

Employee's Name:    
(Mr./Mrs./Miss/Ms.) (First Name)

(Middle Name) (Last Name)

Employee's Address:

Parish:  Postal Code:

Birthdate (dd/mm/yy):  /  /  Phone #:  -  Social Insurance #:

Email: \_\_\_\_\_

Marital Status:  Single  Married Gender:  Male  Female Health Plan:  FutureCare  HIP

Employee's Start Date (dd/mm/yy):  /  /  Occupation: \_\_\_\_\_

**Section C: Non-Employed Spouse of Employee**

Spouse's Name:    
(Mr./Mrs./Miss/Ms.) (First Name)

(Middle Name) (Last Name)

Spouse's Address:   
(If different from Employee's Address)

Parish:  Postal Code:

Birthdate (dd/mm/yy):  /  /  Phone #:  -  Social Insurance #:

Email: \_\_\_\_\_

Health Plan:  FutureCare  HIP Spouse Effective Date:  /  /   
(Usually the same as Employee's Start Date)

**\*Please make copies of this page for additional employees**

I, \_\_\_\_\_ (Employee's Name), hereby certify that all information in Sections B and C (if applicable) provided is complete and accurate.

Employee's Signature: \_\_\_\_\_ Date (dd/mm/yy):  /  /



**Health Insurance Department  
Health Insurance Plan / FutureCare Plan  
Group Application Form**

**For Official Use: Premium Calculation - First Payment Due**

1. # of HIP Employees: \_\_\_\_\_ X HIP Premium Rate: \_\_\_\_\_ = \$ \_\_\_\_\_
2. # of Non-Employed HIP Spouses: \_\_\_\_\_ X HIP Premium Rate: \_\_\_\_\_ = \$ \_\_\_\_\_
3. # of FutureCare Employees: \_\_\_\_\_ X FutureCare Premium Rate: \_\_\_\_\_ = \$ \_\_\_\_\_
4. # of Non-Employed FutureCare Spouses: \_\_\_\_\_ X FutureCare Premium Rate: \_\_\_\_\_ = \$ \_\_\_\_\_

\*For total first payment add lines 1, 2, 3 & 4 and write total below.

**Total First Payment: \$ \_\_\_\_\_**

**Premium Payment:** The health insurance premium is to be paid on enrolment. All cheques should be made payable to the Health Insurance Fund or the FutureCare Fund. This application is subject to approval, and any premium paid will be held pending such approval.