

Online Plan Member Enrolment

Quick Reference Guide



Enrol online to activate your group health benefits

Online enrolment is easy. It only takes about 15 minutes and can be completed from your computer or mobile device.



How to prepare

Take a few minutes to prepare before you begin:

- Have your banking information handy (easily found on a cheque)
- Determine who you would like to designate as a beneficiary for your Life Insurance
- Gather your dependants' dates of birth
- If your spouse also has health and/or dental coverage, consider whether you would like to coordinate your benefits plans



Tip: Although banking information is optional, by providing this information, you will ensure faster claims payments.



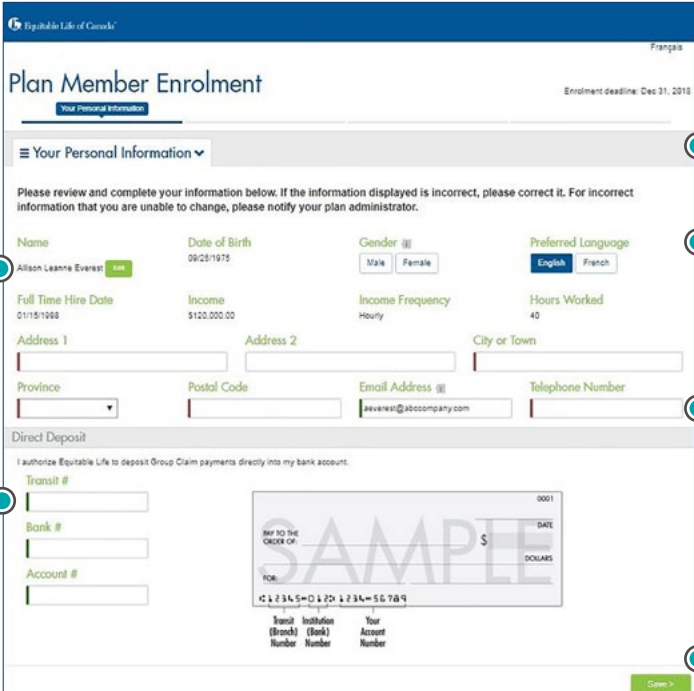
How to get started

You will receive a Welcome email from Equitable with a personalized link to your new group benefits enrolment page. Click on the link in the email to begin.



Navigating the tool

Some information has already been provided by your employer. Click on the Edit button if changes are needed. Please contact your plan administrator to update incorrect information that you are unable to change.



The bar along the top of the page indicates which section of the application you are in.

You can make changes to your name by selecting the Edit button.

A green vertical line to the left of the input box indicates an optional field.

Click on the "i" icon for more information and tips related to that field.

A red vertical line to the left of the input box indicates a required field.

Don't forget to Save!

Save >

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Final steps to completing your enrolment

Preparing application for signature

We are redirecting you to our electronic signature partner, eSignLive, to complete this application. This may take a few moments.

Once you've confirmed your personal information, you will be redirected to the website of our e-signature provider, eSignLive.

Read the Electronic Disclosures and Signature Consent document. Scroll to the bottom of the page and click Accept.

NEW PLAN MEMBER GROUP INSURANCE APPLICATION

AUTHORIZATION

The personal information collected by Equitable Life will be used by Equitable Life for the purposes of underwriting, servicing, managing and administering the group benefits plan, and claim processing and adjudication.

I authorize that for the above purposes the personal information is accessible to, and may be exchanged with, authorized employees of and relevant third parties retained by Equitable Life, its sales distribution network, the group benefits plan administrators, any industry group/industry entity, participating employers, other insurance companies, investigative organizations, health care providers and facilities, including, but not limited to, pharmacists, physicians and dentist, and any other person or party I authorize.

If applying for my spouse and/or dependents, I confirm that I am authorized to act on behalf and therefore this consent and authorization also applies to the collection, use and communication of their personal information for the same purposes. I understand that all claims made under the Group Insurance Policy are submitted through me as the plan member. I therefore authorize Equitable Life to exchange information about those claims with me or any person acting on my behalf, including a spouse or dependent, as deemed necessary for the purposes of overseeing eligibility and assessing and managing the claim.

I acknowledge and agree that in the case of misrepresentation, claims abuse, fraud, falsification or tampering with claim documents or records, or the claimant not actually receiving the goods or services covered, my Group Benefits coverage may be immediately terminated by Equitable Life.

I certify that all of the information given on this form is true, correct and complete. I designate the beneficiary(ies) stated above.

Plan Member Signature: Date of Signature: Signing Date:

Select **Click to Sign** at the bottom of the document.

A new window will open. Sign within the signature box using your computer mouse or touchpad of your electronic device.

Equitable Life of Canada

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The package is complete. [Download the document](#), [Submit](#)

Equitable Life of Canada

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NEW PLAN MEMBER GROUP INSURANCE APPLICATION

PERSONAL INFORMATION

Name: [Redacted]
Link: [Redacted]
Policy Number: 333644
Date of Birth: 18/09/1954
Full Time (Yes/No): 02/01/1974
Address 1: 173 Lane Rd
Province: ON

COVERAGE

Your choice of coverage:
1984: [Redacted]
Mental Only: [Redacted]

DEPENDENTS

Spouse or Partner Name: John Toppo
Date of Birth: 08/29/1971
Gender: Female
If Common-law, when did you begin living together as partners? [Redacted]

Thank you for using eSignLive™

Equitable Life of Canada

You have completed signing your New Plan Member Group Insurance Application.

You must click "Submit" to complete your application!

IMPORTANT!

If you have not already downloaded your application:

- 1 Click **Close** to close the pop-up box
- 2 Click **Download** to download the application
- 3 Click **Submit** to submit your application.

You must click **Submit** for your application to be sent to Equitable.

If you do not wish to download a copy of your application, simply click **Submit** in the pop-up box.

The Thank You page appears when you have successfully submitted your application to Equitable.



Questions?

If you have questions about how to complete your enrolment, please contact your plan administrator.