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## **Enrolment Form**

Female Male						Plan S	ponsor	Inform	ation								
Plan Member Information   Province   Postal Code	Employer/Company	Name	3														
Plan Member Information   Province   Postal Code																	
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Family   Single   Waive   Family   Single   Waive   Family   Single   N/A   Family   Single   N/A    For Quebec residents age 65 or over, select the senior ID code:    Member: RAMQ   Both   Private   / Spouse: RAMQ   Both   Private			Member C	overage	Status					Sp	ousal Co	ordination	of Benefi	it Status			
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Member: RAMQ Both Private / Spouse: RAMQ Both Private   AUTHORIZATION I hereby authorize ClaimSecure to use my Social Insurance Number, where required, to administer my health and dental benefit plan. I also authorize ClaimSecure, healthcare providers, insurers, administrators of government or other benefit plans and other service providers working with ClaimSecure to exchange necessary information to administer my health and dental benefit plan. I confirm that I am authorized to act on behalf of myself, my spouse and dependents when applying for coverage, or for purposes of the ongoing administration of my health and dental benefit plan.  Plan Member Authorization  Signature of Plan Member  Print Name  Date signed (dd/mm/yy)  Plan Sponsor Authorization	,,  g		1. S											g			
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Plan Member Authorization Signature of Plan Member Print Name  Plan Sponsor Authorization  Plan Sponsor Authorization																1	
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Send to humanresources@publicoutreachgroup.com Queries: Phone: 416-925-4601 x 315						roup.com	Í.										