



⚠ AREF membership is mandatory to join group insurance contract 1011 with Beneva. If you have not already done so, please complete the [AREF Registration Form](#).

In this document, you will find details to help you complete each section of Beneva’s **Group Insurance Application and Modifications** form.

FORM HEADER

Important!

Take note of the contact details in the top left-hand corner, which will be used to send your application. You can also send directly your completed and signed form with the SEND button.

Check the option that applies to you:

- **GROUP INSURANCE APPLICATION**
You are retiring or already retired and your group insurance is coming to an end.
- **MODIFICATION(S) TO GROUP INSURANCE**
You are already covered by AREF group insurance and would like to make changes to your file.
- **SURVIVING SPOUSE**
You are covered under AREF’s group insurance plan as a spouse and you would like to maintain your coverage following the death of your spouse.
- **ASSOCIATE MEMBER**
You are covered under AREF’s group insurance plan as a spouse and you would like to maintain your coverage following a separation.

1. INFORMATION ABOUT PLAN MEMBER

Enter your personal information.

2. RETIREMENT INFORMATION

For initial enrolment only

Retirement date: Enter the date of your last work day.

Annual salary before retirement: Enter the gross annual salary corresponding to your last pay.

- If your previous group insurance contract was with Beneva, check "I am or was insured..." and enter the identification number shown on your insurance card.
- Fill in the **Last name**, **First name** and **Date of birth** fields only if you were insured as a dependent under your previous group insurance contract.
- If your previous group insurance contract was with another insurance company, check the second option and indicate the termination date of your group insurance. Do not forget to attach the documents requested in the parenthesis.

3. REASON(S) FOR MODIFICATION(S)

Applies only to requests for modification(s). Do not forget to enter the date of the event leading to the modifications.

4. BENEFITS

Choose the benefits you wish to enrol in.

⚠ Prescription drug insurance is not included in contract 1011.

- If you are under age 65 AND have access to private group insurance that covers prescription drugs, through your spouse for example, Quebec's Act Respecting Prescription Drug Insurance requires that you join this group insurance.
- If you do not have access to such private insurance, you must register for the Public Prescription Drug Insurance Plan.

As of age 65, you can benefit from RAMQ's Public Prescription Drug Insurance Plan.

Here is the [link to the Régie de l'assurance maladie du Québec registration page](#).

Health Insurance: Indicate your choice of coverage:

- Individual (for yourself only)
- Family (for you, your spouse, and your eligible children, if applicable)

Travel Insurance (included in the health insurance benefit): Indicate your choice of protection period: 60 or 182 days per trip.

Life Insurance: When you retire, you have the option of maintaining certain life insurance benefits under the AREF plan, **provided you held these benefits with your employer** on your last work day.

You can always reduce your life insurance coverage, but you cannot add to it after your initial enrolment.

So, if you are not sure how much life insurance you need, it is better to request more at the beginning and adjust downwards later.

Important!

Please take note of the information in the small print under the table.

5. INFORMATION ABOUT DEPENDENTS

Dependents: Indicate the persons you wish to insure with you (spouse and/or eligible children). Note that the cost of family coverage is the same, regardless of the number of people insured.

6. TERMINATION OF DEPENDENTS' COVERAGE

To be completed only when requesting modifications, if you wish to remove a person from your file.

7. BENEFICIARY DESIGNATION (for life insurance)

Enter the beneficiaries of your life insurance here, if you maintain this benefit. By default, the beneficiaries are your legal heirs. If you opt for a **Revocable** designation, you can change the beneficiaries at any time using this form.

8. TRUSTEE DESIGNATION FOR A MINOR BENEFICIARY (does not apply in Quebec)

Does not apply in most cases.

9. METHOD OF PREMIUM PAYMENT

Select only one payment option and sign next to your choice. Note that you can change the method of payment of your insurance premium later using this form, if you wish.

- ⚠ Do not forget **to attach a void cheque** if you choose the second option, the pre-authorized debit agreement.

10. RETIREE'S AUTORIZATION

Your signature and the date are required for your request to be processed.

NOTE FOR SIGNATURES (sections 9 and 10)

Your application cannot be processed if your signatures do not meet certain requirements. They must be "handwritten", even for electronic signatures. Do not just type your name in a cursive font: use your PDF reader's signature option, an electronic stylus, your finger, or insert an image of your signature.

- ⚠ Please return this form **to AREF** by e-mail or mail. AREF will follow up with Beneva for your group insurance once we have confirmed your AREF membership.

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