

# Waiver (Refusal) of Extended Health Care and Dental Care Coverage

# TotalGuard

## Employee Information

Employee Name (first, initial, last)

Firm Name

Reason for Refusal:

## Certification and Authorization

PLEASE NOTE THAT YOU MAY REFUSE COVERAGE **ONLY IF PARTICIPATION IN YOUR PLAN IS NOT MANDATORY.**

I have been given an opportunity to participate in my Employer's Extended Health Care and Dental Care Program under a policy issued, or to be issued, by Western Financial Group the benefits of the plan have been explained to me. I have given it careful consideration and do not wish to be insured under this plan.

I understand that if I wish to apply for coverage at a later date that I will have to make application in writing and, at my own expense, provide Western Financial Group with medical evidence of insurability for myself and any eligible dependents. I further understand that I and/or my dependants may be denied coverage at that time by Western Financial Group. If coverage is approved, Dental benefits (if any) will be limited during the first 12 months of coverage.

**NOTE: An employee whose coverage terminates under a spouse's plan or the employee's own outside insurance plan can reapply for coverage under this group plan. The request must be made in writing and be accompanied by proof of the previous coverage's termination. The request must be made within 31 days following the date coverage terminated under the previous plan, otherwise, the employee and all dependants will be considered late applicants.**

All Statements, representations and answers made in this application are consideration for and a basis of the insurance herein requested and whether written or printed are declared to be true, full and complete.

At Western Financial Group, we know that confidentiality of personal information is important. Any information you provide to us will be kept in a group life and health benefits file. Access to your information will be limited to:

- our employees and representatives in the performance of their jobs;
- persons to whom you have granted access in writing; and
- persons authorized by law.

You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.

Western Financial Group is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act ([www.privcom.gc.ca](http://www.privcom.gc.ca)). To learn more about Western Financial Group's commitment to privacy and security refer to our web site: [www.westernfg.ca](http://www.westernfg.ca)

Employee Signature

Date Signed (yy/mm/dd)

Employer Signature

Date Signed (yy/mm/dd)