

Plan number
Certificate number

Instructions

- You must **complete all sections** of the form. Ensure to **sign and date the authorization and declaration in Section 5**.
- PRINT** clearly in ink, sign, date and mail all 4 pages of this form to:
 - Canada Life
 - PSDCP Positive Enrolment
 - PO Box 6000 Stn Main
 - Winnipeg, MB R3C 3A5
- Any incomplete or illegible form will be returned to you by mail for re-submission.
- Important – adding your banking details:** If you would like the reimbursement for your claims to be deposited directly into your bank account by setting up direct deposit, you can either submit a void cheque together with the PSDCP Positive Enrolment Form or complete a PSDCP Direct Deposit form and submit it to us.
- If you need to submit additional forms together with this PSDCP Positive Enrolment Form, you can download and print forms from the **Forms** page of the PSDCP Member Services website at canadalife.com/psdcp/forms. You can also call the PSDCP Member Contact Centre to request paper forms to be mailed to you.
- You can complete your positive enrolment online at canadalife.com/psdcp, instead of submitting a paper form.
- If you have any questions, please visit the PSDCP Member Services website at canadalife.com/psdcp. You can also call the PSDCP Member Contact Centre for inquiries:
 - within North America (toll-free) at 1-855-415-4414 (Monday to Friday from 8 am to 5 pm, your local time)
 - international inquiries (collect) at 1-431-489-4064

Please select one of the following options:

- I am completing my PSDCP positive enrolment for the first time with Canada Life.
- I need to make a change to my positive enrolment information under the PSDCP.

Please complete the following sections in full:

1 Your contact information			
Last name	First name	Preferred first name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	Date of birth (mmm-dd-yyyy)	Personal phone number (###-###-####)	
Mailing address (street number and name, and/or P.O. box)			
City	Province/Territory/State	Postal/Zip code	Country
Country of residence	The country of residence is where you are currently residing, working, deployed or posted. This can differ from your mailing address.		

2 Your preferred method of communication

Please select only one. If both are selected, we will consider that your preferred method of communication is email.

- Personal email (provide your personal email address)
- Paper (communications will be sent to the mailing address you provided in Section 1)

3 Information on your eligible spouse or common-law partner

What you would like to do: <input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		Effective date (mmm-dd-yyyy)	
If this is a change, please select all that apply: <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Other			
Last name		First name	
Date of birth (mmm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Common-law partner		Date of marriage or cohabitation (mmm-dd-yyyy)	
Your common-law partner is the person you are cohabiting with continuously in a conjugal relationship for a period of at least 12 months.			

4 Information on your eligible dependant children

If you need to add more than 4 eligible dependant children, use a photocopy of this form.

Dependant 1	What you would like to do:	Effective date (mmm-dd-yyyy)	
	<input type="checkbox"/> Add - Reason: <input type="checkbox"/> Birth/adoption <input type="checkbox"/> Marriage/cohabitation <input type="checkbox"/> Guardianship/custodial circumstance*		
	<input type="checkbox"/> Change - Reason(s): <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Other		
	<input type="checkbox"/> Remove		
Last name		First name	
Date of birth (mmm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
*If you are adding a dependant child due to guardianship or custodial circumstance, you must first receive approval from the PSDCP Board. If you have already received approval, please submit a copy of it together with this PSDCP Positive Enrolment Form. If you need more information on how to obtain approval, please go to the PSDCP Member Services website.			
<input type="checkbox"/> Eligible dependant child (under age 21)		To add an eligible dependant child with a disability, you must complete an Application for Dependant with Disability Coverage and submit it to Canada Life for approval. Please review your PSDCP Member Booklet to check for eligibility criteria.	
<input type="checkbox"/> Eligible dependant child with a disability (age 21+)			
<input type="checkbox"/> Eligible dependant child full-time student (if between ages 21 to 25) If full-time student:			
Institution name			
Program name			
Program end date (mmm-dd-yyyy)			

Dependant 2	What you would like to do:	Effective date (mmm-dd-yyyy)	
	<input type="checkbox"/> Add - Reason: <input type="checkbox"/> Birth/adoption <input type="checkbox"/> Marriage/cohabitation <input type="checkbox"/> Guardianship/custodial circumstance*		
	<input type="checkbox"/> Change - Reason(s): <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Other		
	<input type="checkbox"/> Remove		
Last name		First name	
Date of birth (mmm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
*If you are adding a dependant child due to guardianship or custodial circumstance, you must first receive approval from the PSDCP Board. If you have already received approval, please submit a copy of it together with this PSDCP Positive Enrolment Form. If you need more information on how to obtain approval, please go to the PSDCP Member Services website.			
<input type="checkbox"/> Eligible dependant child (under age 21)		To add an eligible dependant child with a disability, you must complete an Application for Dependant with Disability Coverage and submit it to Canada Life for approval. Please review your PSDCP Member Booklet to check for eligibility criteria.	
<input type="checkbox"/> Eligible dependant child with a disability (age 21+)			
<input type="checkbox"/> Eligible dependant child full-time student (if between ages 21 to 25) If full-time student:			
Institution name			
Program name			
Program end date (mmm-dd-yyyy)			

4 Information on your eligible dependant children (continued)

Dependant 3	What you would like to do:	Effective date (mmm-dd-yyyy)	
	<input type="checkbox"/> Add – Reason: <input type="checkbox"/> Birth/adoption <input type="checkbox"/> Marriage/cohabitation <input type="checkbox"/> Guardianship/custodial circumstance*		
	<input type="checkbox"/> Change – Reason(s): <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Other		
	<input type="checkbox"/> Remove		
Last name		First name	
Date of birth (mmm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
<p>*If you are adding a dependant child due to guardianship or custodial circumstance, you must first receive approval from the PSDCP Board. If you have already received approval, please submit a copy of it together with this PSDCP Positive Enrolment Form. If you need more information on how to obtain approval, please go to the PSDCP Member Services website.</p>			
<input type="checkbox"/> Eligible dependant child (under age 21)		To add an eligible dependant child with a disability, you must complete an Application for Dependant with Disability Coverage and submit it to Canada Life for approval. Please review your PSDCP Member Booklet to check for eligibility criteria.	
<input type="checkbox"/> Eligible dependant child with a disability (age 21+)			
<input type="checkbox"/> Eligible dependant child full-time student (if between ages 21 to 25) If full-time student:			
Institution name			
Program name			
Program end date (mmm-dd-yyyy)			

Dependant 4	What you would like to do:	Effective date (mmm-dd-yyyy)	
	<input type="checkbox"/> Add – Reason: <input type="checkbox"/> Birth/adoption <input type="checkbox"/> Marriage/cohabitation <input type="checkbox"/> Guardianship/custodial circumstance*		
	<input type="checkbox"/> Change – Reason(s): <input type="checkbox"/> Name <input type="checkbox"/> Date of birth <input type="checkbox"/> Other		
	<input type="checkbox"/> Remove		
Last name		First name	
Date of birth (mmm-dd-yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer	
<p>*If you are adding a dependant child due to guardianship or custodial circumstance, you must first receive approval from the PSDCP Board. If you have already received approval, please submit a copy of it together with this PSDCP Positive Enrolment Form. If you need more information on how to obtain approval, please go to the PSDCP Member Services website.</p>			
<input type="checkbox"/> Eligible dependant child (under age 21)		To add an eligible dependant child with a disability, you must complete an Application for Dependant with Disability Coverage and submit it to Canada Life for approval. Please review your PSDCP Member Booklet to check for eligibility criteria.	
<input type="checkbox"/> Eligible dependant child with a disability (age 21+)			
<input type="checkbox"/> Eligible dependant child full-time student (if between ages 21 to 25) If full-time student:			
Institution name			
Program name			
Program end date (mmm-dd-yyyy)			

- The Plan Sponsor is the Government of Canada.
- The Federal Public Service Health Care Plan Administration Authority is the corporation charged with the administration of the PSHCP.
- The contracted Plan Administrator is The Canada Life Assurance Company (Canada Life).
- Personal information, for the purposes of this Consent, means the personal information described in the Public Service Health Care Plan (PSHCP) Privacy Statement, the Public Service Dental Care Plan (PSDCP) Privacy Statement and the Pensioners' Dental Services Plan (PDSP) Privacy Statement.

The Government of Canada collects, handles, and retains personal Information for the purpose of administering the PSHCP, PSDCP and the PDSP in accordance with Canada's [Privacy Act](#). The [PSHCP Privacy Statement](#), [PSDCP Privacy Statement](#) and the [PDSP Privacy Statement](#) have been developed to comply with the [Privacy Act](#).

As the contracted Plan Administrator, Canada Life has agreed to comply with the [Privacy Act](#). Canada Life is subject to other applicable privacy legislation in jurisdictions where it operates. Canada Life posts its [Privacy policy](#) on its website. Where there is a difference between the [Privacy Act](#) and this other legislation, Canada Life will apply the most stringent requirements. Your personal information and that of any eligible dependants will be maintained securely and in a confidential manner. Your personal information is used to administer your coverage including verifying your identity, maintaining your positive enrolment information, evaluating your eligibility, collecting feedback on customer service, and protecting all parties from risks such as fraud.

Access to your personal information is limited to persons who require it to perform their duties, and to persons you have granted access. Your information may be shared between the Plan Administrator and its subcontractors in support of the PSHCP, PSDCP and/or PDSP (whichever plans you are enrolled in with Canada Life) to facilitate the administration of services. Your personal information may be disclosed to health care providers, other insurance or reinsurance companies, claims processing providers, technology suppliers, and other service providers referred to in the [PSHCP Privacy Statement](#), [PSDCP Privacy Statement](#) and the [PDSP Privacy Statement](#) or Canada Life's [Privacy policy](#). Your personal information may also have to be disclosed to public and government authorities under applicable law in Canada or elsewhere. Your personal information may be collected or communicated outside of Canada or outside your province of residence as part of day-to-day business.

You can exercise your privacy rights through Canada Life's [privacy centre](#) such as access to or correction of your personal information. If you choose to remove your consent to the collection, use and disclosure of personal information required to serve you and meet our legal obligations, Canada Life will not be able to continue to administer your benefits and adjudicate claims under the plan(s) in which you are enrolled, or coordinate your benefits with other plans.

Declarations

1. I have read and I understand the PSHCP Privacy Statement, PSDCP Privacy Statement and the PDSP Privacy Statement (whichever plans you are enrolled in with Canada Life) and Canada Life's [Privacy policy](#).
2. I agree the Plan Sponsor, The Federal Public Service Health Care Plan Administration Authority (for the PSHCP only), Canada Life and its service providers, and other entities referred to above may collect, use and disclose personal information about me and my dependants for the administration of the PSHCP, PSDCP and/or the PDSP (whichever plans you are enrolled in with Canada Life), including the adjudication of claims. This includes the use and disclosure with other persons and organizations who have, or require, the information for these purposes.
3. I have obtained the consent of my dependants over 18 years of age to their enrolment in the PSHCP, PSDCP and/or PDSP (whichever plans you are enrolled in with Canada Life) and to the use and disclosure of their personal information for the above purposes.
4. I agree to the use and disclosure of personal information about my dependants under 18 years of age to enrol them in the PSHCP, PSDCP and/or PDSP (whichever plans you are enrolled in with Canada Life) and for the above purposes.
5. I confirm all dependants I have identified meet the PSHCP, PSDCP and/or PDSP (whichever plans you are enrolled in with Canada Life) eligibility requirements and the information I have provided is complete and accurate.
6. I agree to review and keep up to date all my and my dependant's information.
7. I agree to validate and/or update my personal information and, where applicable, the information of my dependants through the completion of the biennial confirmation process. My failure to complete the biennial confirmation process may result in my dependant's claims being suspended until it has been completed.
8. I agree that the information that I reviewed, validated or updated regarding myself and my dependants be shared between the Plan Administrator and its subcontractors in support of the PSHCP, PSDCP and/or PDSP (whichever plans you are enrolled in with Canada Life) to facilitate the administration of services.
9. I confirm all goods and services for which reimbursement is claimed by me or my dependant(s) will have been received by me or my dependant(s). In the case of overpayments and/or erroneous payments which I have not reimbursed to Canada Life, I agree that Canada Life may disclose this personal information to the Plan Sponsor, specifically the Treasury Board of Canada Secretariat. The Plan Sponsor/Treasury Board of Canada Secretariat may disclose this personal information to government institutions so that the overpayments and/or erroneous payments and associated interest (if applicable) can be deducted or set-off from any money due or payable to me by His Majesty.
10. If banking information was provided, I authorize Canada Life to deposit claim payments directly to the account provided.
11. If banking information was provided for Veterans Affairs Canada members for the purpose of contribution collection, I authorize Canada Life to withdraw from the identified bank account.

Signature

I agree to the submission of the information on this application to Canada Life for enrolling in the PSHCP, PSDCP and/or PDSP (whichever plans you are enrolled in with Canada Life), and I am providing the consent and declarations listed above. A photocopy or electronic version of this signed application is as valid as the original.

Signature X _____ Date (mmm-dd-yyyy): _____