



CERTIFICATION

NORTHERN EMPLOYEE BENEFITS SERVICES PRIVACY STATEMENT: Northern Employee Benefits Services (NEBS) is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses while conducting business.

IMPORTANT: The information you have submitted on this form will be used to determine future benefits. If for any reason information changes, the Employee Information Changes Form should be completed.

I hereby apply for plan coverage and authorize the remittance to NEBS of any required contributions. I hereby authorize NEBS and their Insurance Underwriters, or any other person or organization having any relevant information to release and exchange any and all information necessary for the purposes of determination of plan eligibility for benefits and administration. I acknowledge the use of my Social Insurance Number (SIN) for the purposes of tax reporting, identification and administration of any benefits. I declare that the information provided is true, complete and accurate. Any copy of this authorization shall be as valid as the original.

_____ Date
 Elected or Appointed Official Signature

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

*Please print clearly in **BLUE INK***

EMPLOYER INFORMATION

Employer Name: _____
 Contact Person: _____ Last Name, First Name Email: _____

ELECTED OFFICIAL INFORMATION

Elected Official Name: _____ Last Name, First Name
 Term Start Date: _____ dd / mm / yyyy Term End Date: _____ dd / mm / yyyy
 Position Title: _____

EMPLOYER CERTIFICATION

I certify this Official has been elected to serve the term detailed above and is, to the best of my knowledge, an Eligible Elected Official for NEBS Elected and Appointed Officials Plan Coverage.

_____ Last Name, First Name
 Employer Signature (Person with Signing Authority) Employer Name – Print (Person with Signing Authority)

THIS SECTION IS TO BE COMPLETED BY NEBS

Entered By: _____ Comments: _____