



Group Medical Services

# Waiting Period Waiver Application Form

Complete all sections and submit to Group Medical Services, Attn: Group Admin, 2055 Albert Street PO Box 1949 Regina, SK S4P 0E3.

## A. Employer Information

Employer \_\_\_\_\_ Group Plan No. \_\_\_\_\_

## B. Employee Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Occupation \_\_\_\_\_

Hire Date DD / MM / YYYY

## C. Previous Coverage Information

1. Did you have coverage with another insurance company prior to your date of hire with the current employer?

- Yes - please proceed to question two
- No - if you did not have previous coverage within the last three months, the waiting period must be served.

2. What coverage did you have under your previous plan?

- Life Insurance
- Accidental Death and Dismemberment
- Long Term Disability
- Weekly Indemnity
- Extended Health
- Dental Care

**Note:** you must have had Life Insurance with the previous carrier or the request to waive the waiting period will be declined.

3. Were you declined for any coverage under the plan?  Yes  No

If yes, please list \_\_\_\_\_

**Note:** if you were declined for any coverage with the previous plan, the request to waive the waiting period will be declined.

4. What was the name of your previous insurer? \_\_\_\_\_

State the period of time you were insured by this company: DD / MM / YYYY to DD / MM / YYYY

## D. Declaration

I hereby apply for waiver of the waiting period as required under the group policy of insurance. I declare that the information contained herein is true, complete and accurate and understand that the submission of false or incomplete information may result in denial of coverage or the delay or denial of any claim. I understand such information is necessary to determine eligibility for coverage, adjudicate all claims and administer the group benefits plan. Any copy of this authorization shall be as valid as the original.

**X** \_\_\_\_\_  
Employee Signature

DD / MM / YYYY \_\_\_\_\_  
Date

**X** \_\_\_\_\_  
Employer Signature

DD / MM / YYYY \_\_\_\_\_  
Date