innovativeb Building your t I B	R	ROLLMENT / CHANGE FORM Please print or type information. Refer to "INSTRUCTIONS" tab below for important instruction information.										Completed form to be sent to: Innovative Business Club 676 Monarch Ave, #13, Ajax, ON L1S 4S2 Tel: 905-686-3320 / 1-800-267-7781																
EMPLOYER (full name):							GREEN SHIELD ID#:							С	CLIENT CODE BILLING DIVISION						N #							
TRANSACTION TYPE:									yymm dd Other:									v v v v m m d d										
y y y y y y m m d													day effect Ac Ne Bi															
SUBSCRIBER INFORMATION																												
Surname:							Alternate ID #									y y y y m m d d hdate:Gender: Male Female Language: English French												
Employment Date: y																												
City								Province								Postal Code												
DEPENDENT INFORMATION Do dependents have other Green Shield coverage? If yes, please provide GS ID# Co-Ordination of Benefits (COB) (see INSTRUCTIONS tab - below)																												
Dep. Surname (if different than Subscriber)			Legal First Name					Pref	erred Name	First	Init Birth			Birthdate	ndate									/	I OOP			
Spouse																												
1st Child 2nd	ild nd																											
Child ^{3rd} Child																												
4th Child																												
	14/2	1 -							All		/erag		Yes		No	14/]											
Coverage	rerage Family Status (S,C,F) y y					we Da	m m	d	d	Waive Coverage (mark with x)	ge St				Famil Statu (S,C,I	s	у	у	Ef	y y	ective Date y m m d d					Waive Coverage mark with x)		
Drug											Semi-	Semi-Private					\square											
EHS		<u> </u>									Audio						\square											
Health (Drug + EHS)	lth (Drug + EHS)										Long Term Care																	
Dental											Trave					\downarrow		\downarrow										
Vision																												
By signing this enrollm information concerning for the identification ar www.areenshield.ca.	g my spous nd administ	e and r ration o	ny dep	bender	nts for benefit	the pur	poses furthe	of dei r inforr	ermini nation	ng their eligi	bility for	bene	fits. If	my so	ocial insu	rance	numbe	r is u	ised a	s my c	ertificatiklet ar	ate nur nd our	nber, I	author e at	ize its	use		
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Where quality is more than a claim