

## Complete Coverage Eligibility Statement

Please note that in order to be eligible for the GUARANTEED Complete level of coverage, you must be an employee, retiree or member of an endorsing Canadian association or organization.

New part-time and casual hires	Losing spousal benefits coverage
Full-time transferring to part-time or casual	Losing group benefits at age 65
Full-time transferring to temporary or contract	New association member
Full-time retiring	Full-time employee not covered for benefits by the organization/association
Full-time permanently laid-off	

You have 60 days from the first of the occurrences listed above to apply for the GUARANTEED Complete level of coverage for you, your spouse and eligible dependants. To confirm your eligibility for this 60-day offer under Corsana Group Benefits, you must submit with your application:

A copy of official documentation outlining your employment or membership status, retirement, or layoff and the start date of the occurrence.

- OR -

This 60-day offer form completed, signed and dated by an authorized personnel at your endorsing association or organization.

## To Be Completed By Authorized Personnel Only

Employee Name: \_\_\_\_\_  
(First Name/Last Name)

Endorsing Association/Organization: \_\_\_\_\_  
(Organization/Association Name)

New Employee: Start Date: \_\_\_\_\_  
(MM/DD/YYYY)

New Association Member: Occurrence Date: \_\_\_\_\_  
(MM/DD/YYYY)

Loss Of Coverage:  Retiring  Permanently Laid Off  Reaching @ Age 65  
 Loss of spousal coverage

Occurrence Date: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
(HR Initials) By initialing, I certify that the above listed employee is losing their benefits after having been actively employed immediately prior to the occurrence dated above.

By signing and dating this 60-day offer form, I certify that the information detailed on this form regarding both the employee/member and corresponding information regarding their employment/ membership status with our association/organization is correct.

Authorized Personnel Name: \_\_\_\_\_  
(Please Print)

Authorized Personnel Signature: \_\_\_\_\_  
(Please Sign)