

For office use only
TELUS Health Authorized Signature
Comments

- This form is to be completed by the Plan Sponsor/Employer
- Sent to:
By fax: 1.877.464.0109
By e-mail: csc@telushealth.com

1 Employer and Employee Information

Client Name	Client/Division Code	Class
Employee Name	Employee Hire/Rehire Date YYYY / DD / MM	Plan Member ID
Occupation	Employment Type <input type="radio"/> Full Time <input type="radio"/> Part Time	

2 Criteria Confirmation

To be eligible to waive the waiting period on your benefits plan, the employee above must be actively at work and in good health, and must meet at least one of the following criteria:

Employee is a Key Employee (i.e. Executive or Manager) <input type="radio"/> Yes <input type="radio"/> No	Benefits are offered as a condition of employment <input type="radio"/> Yes <input type="radio"/> No
Waiver is documented in employee agreement/offering <input type="radio"/> Yes <input type="radio"/> No	Date Employee became full time YYYY / DD / MM

3 Administrator Authorization

I/We understand that once approved; all benefits will be made effective on the Employee's Date of Hire and premiums will be payable accordingly. Waiting Periods cannot be partially waived and can only be offered to the employee upon initial enrollment onto the plan.

I/We confirm that we have authorization from our employees to provide their personal information for the purpose of assessing eligibility and providing benefit coverage. We also certify that this personal information is complete and accurate to the best of our knowledge.

Plan Administrator's Signature

Date Signed