

ARM APPLICATION FORM

Please return to: PO Box 218, Waterloo ON N2J 3Z9 | Fax: 1-888-646-3842

Benefits are administered by OTIP and underwritten by Manulife Financial. **Please print using a ballpoint pen.**

Section A | General Information

Date of Birth mm dd yy		Applicant's Last Name	First Name	Middle Initial
Address			Apt.	Sex
City/Town	Province	Postal Code 		
Home Telephone No.	Alternate Telephone No.	Email Address		
I prefer all correspondence in: <input type="checkbox"/> English <input type="checkbox"/> French				

First Name & Middle Initial <small>(Provide last name if different from applicant)</small>	Date of Birth	Sex	Complete if you have an eligible dependent student over the age of 21.		
Spouse/Partner	mm dd yy		School Year Start	School Year End	Name of School
Dependent Child	mm dd yy				
Dependent Child	mm dd yy				
Dependent Child	mm dd yy				
Co-ordination of Benefits (COB) Are you, your spouse or dependants covered under any other plan?			<input type="checkbox"/> Yes Name of other insurance company Policy/Group No. ID/Certificate No. <input type="checkbox"/> No		

Section B | Eligibility

I wish to be covered under an ARM plan starting: mm| **01**| yy|

Within the last 60 days: If you select any of the three options below, complete the gold Policy/Group No. below.

<input type="checkbox"/> I have been insured as an active member under a group health benefits plan.	Plan Termination Date	mm dd yy
<input type="checkbox"/> I have been insured as a retired member under a group health benefits plan.	Plan Termination Date	mm dd yy
<input type="checkbox"/> My current health plan is not terminating and I am looking to co-ordinate my benefits.	Please call OTIP or visit www.otip.com/forms and download the Application for Insurance and Evidence of Insurability for RTIP/ARM members.	
Policy/Group No.	Identification/Certificate No.	
Insurance Company Name		
<input type="checkbox"/> I have not been covered under a group health benefits plan in the last 60 days.	Please call OTIP or visit www.otip.com/forms and download the Application for Insurance and Evidence of Insurability for RTIP/ARM members.	