The Canada Life Assurance Company
PSHCP Positive Enrolment
PO Box 6000 Stn Main
Winnipeg, MB R3C 9Z9

Tel: 1-855-415-4414
Website:
canadalife.com/pshcp

Welcome to Canada Life!

Your Public Service Health Care Plan (PSHCP) is moving to Canada Life.

Complete your PSHCP positive enrolment before **July 1, 2023**, to ensure there are no disruptions to processing and reimbursement of your PSHCP claims. Positive enrolment must be completed, and consent must be provided to have your claims processed by Canada Life.

Options to enrol

1. **Paper positive enrolment** – complete the double-sided, 2-page PSHCP Positive Enrolment Form and mail it to us at the address above.
   Note: Incomplete forms or illegible forms will be mailed back to you for re-submission to Canada Life.
2. **Digital positive enrolment** – you can enrol online at **canadalife.com/pshcp**. Completing positive enrolment online is quick and easy.

Things to note

- Your first name and last name are provided by your employer or your Pension office. You can update this information by submitting the change to your compensation or pension office. Canada Life cannot update this information for you.
- If you have a dependant child with a disability enrolled with Sun Life, this information will be transferred to Canada Life. Please include the child on your positive enrolment form. No further action will be required if the eligible dependant was already in Sun Life's system.
- If you are applying for coverage for a dependant with a disability for the first time, the Application for Dependant with a Disability Coverage form can be found at **canadalife.com/pshcp**. You must also include your disabled child on the PSHCP Positive Enrolment Form. If you are unable to print, you can call us at 1-855-415-4414 Monday to Friday from 8 am to 5 pm, your local time.

What information do I need to get started?

Before you get started, you'll need the following information:

- Your contact information
- Coordination of benefits details with other insurance plans, for yourself as a plan member or your dependant's other coverage
    - If the other coverage is with Canada Life, you'll need the plan number and Member ID

- Your new plan number, which is determined by your birth month or member status:
    - January to March: 52111
    - April to June: 52112
    - July to September: 52113
    - October to December: 52114
    - For example, if your month of birth is November, then your plan number is 52114.
    - The plan number will be 52115 for eligible surviving dependants (spouse and eligible children)
- Your certificate number, which can be found in the pay or pension systems.

You'll need to complete and sign the PSHCP Positive Enrolment Form to provide consent. **Please print clearly in ink and in all CAPITALS**.

Completing the top section of the form

If this is your first-time completing positive enrolment with Canada Life, select that box. If you are making a revision, select the box "I have already done my positive enrolment and need to make a change."

Section 1 – "Your contact information"

Please complete the following:

- Last name
- First name
- Date of birth (mmm-dd-yyyy; format example NOV-10-1980)
- Gender— select **one** of Male, Female, Other, or Prefer not to answer

Please also complete your address:

- Mailing address (street number and name, and P.O. box if applicable) and apartment (if applicable).
- City, province, territory or state, postal code or zip code, and country.
- Current country of residence for Comprehensive coverage plan members – the current country of residence is where you're currently residing, working, deployed or posted. This can differ from your mailing address.
- Province or territory for health care is the province or territory where you're covered for provincial or territorial coverage when in Canada.

Section 2 – "Your preferred method of communication"

This section tells us how you want to be contacted by Canada Life going forward.
Please select only **one** (if both are selected, we'll consider that your preferred method of communication is email):

- Email (provide a personal email address that is unique to you as your work email address can change if you change employment)
- Paper (communication will be sent to the mailing address you provided in Section 1)

Note: If you choose email, we'll mail you a confirmation package with your benefit card and enrolment details. After that, all future communications from us will be email.

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Section 3 – "Your coordination of benefits information"

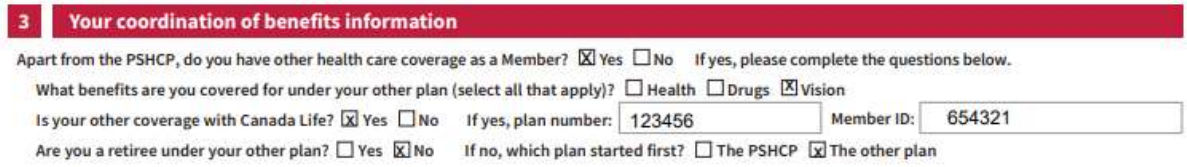
This section determines which of your plan member benefits plans will be the first payor for your health care claims. Examples follow to help you complete the coordination of benefits section.

Please answer the following questions:

- Are you covered as a plan member under another group health care plan? Yes or no. If yes, then complete the following:
    - What benefits are you covered for under your other plan? Select all that apply – Health, Drugs, Vision (Note: Health coverage does not necessarily include prescription drugs and vision care like the PSHCP.)
    - Is your other coverage with Canada Life? Yes or no. If yes, tell us:
        - Plan number
        - Member ID
    - Are you a retiree under your other plan? Yes or no. If no, tell us:
        - Which plan started first? PSHCP or the other plan.

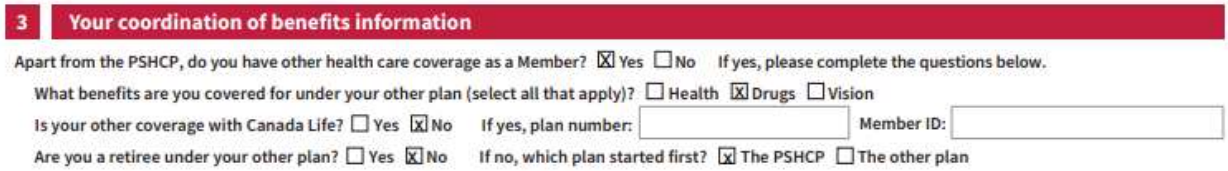
Example – I work for the Government of Canada and another employer

You're both a member of the PSHCP and a member of ABC Company's plan. With ABC Company, covered by Canada Life, you have vision benefits. This is how you complete the form:



Example – I am a retired member of the Government of Canada with PSHCP coverage and work for another employer

You're a retired member of the PSHCP and a member of the XYZ Company's plan. With XYZ Company, you have prescription drug benefits. This is how you complete the form:



Section 4 – "Information about your eligible spouse or common-law partner"

Please complete this section if you have a spouse or common-law partner. Your partner is considered common-law once you've been living together for 1 year.

If you're completing positive enrolment with Canada Life for the first time, you can ignore the Reason for change section. If you're submitting a change to us, you must complete the reason for the change and its effective date. For example, if you no longer have a spouse or common-law partner, your reason for coverage would be "Remove" and the effective date would be the date your spouse or common-law partner is no longer your spouse (i.e., date of divorce or the date you are no longer common-law). You must submit a second form with the effective date for the new spouse or common-law partner and the Reason for Change would be "Add".

Refer to "Your contact information section" for the personal details required about your eligible spouse or common-law partner.

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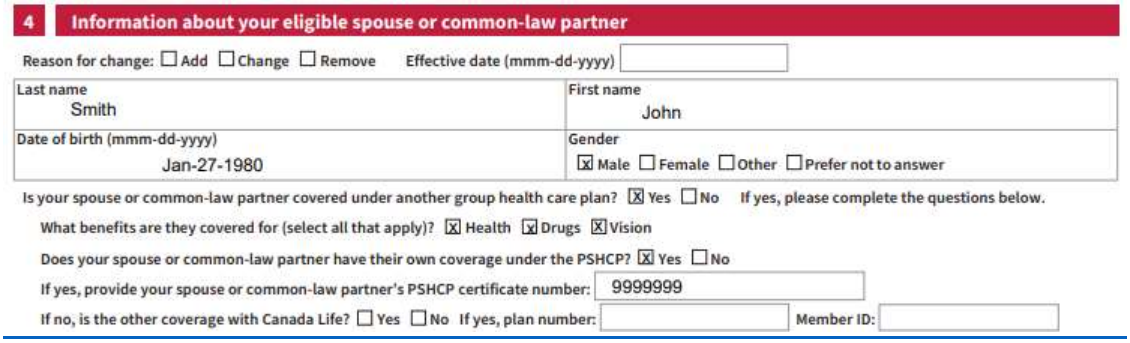
- Is your spouse or common-law partner covered under another health care plan (i.e., they are the plan member)? Yes or no. If yes, please complete the questions below:
    - What benefits are they covered for – select all that apply (if your spouse or common-law partner has coverage with the PSHCP, then choose all 3 benefits) – Health, Drugs, Vision (Note: Health coverage does not necessarily include prescription drugs and vision care like the PSHCP.)
    - Does your spouse or common-law partner have their own coverage under the PSHCP?
        - If yes, provide your spouse's or common-law partner's PSHCP certificate number.
        - If no, is the coverage with Canada Life? Yes or no. If yes, please provide:
            - Plan number
            - Member ID

Example – your spouse or common-law partner also works for the Government of Canada

Your spouse or common-law partner also has coverage under the PSHCP as a plan member and they have health, drugs, and vision coverage. This is how you complete the form:



4 Information about your eligible spouse or common-law partner

Reason for change: ☐ Add ☐ Change ☐ Remove Effective date (mmm-dd-yyyy)

Last name	First name
Smith	John
Date of birth (mmm-dd-yyyy)	Gender
Jan-27-1980	☒ Male ☐ Female ☐ Other ☐ Prefer not to answer

Is your spouse or common-law partner covered under another group health care plan? ☒ Yes ☐ No If yes, please complete the questions below.

What benefits are they covered for (select all that apply)? ☒ Health ☒ Drugs ☒ Vision

Does your spouse or common-law partner have their own coverage under the PSHCP? ☒ Yes ☐ No

If yes, provide your spouse or common-law partner's PSHCP certificate number: 9999999

If no, is the other coverage with Canada Life? ☐ Yes ☐ No If yes, plan number: Member ID:

Section 5 – "Information about your eligible dependant children"

Please complete this section if you have dependant children. Make sure you complete a dependant section for each of your covered dependants. If you have more than 4 dependants, then please make a copy of page 3 and submit it to Canada Life.

If you're completing positive enrolment with Canada Life for the first time, you can ignore the Reason for change section. If you're submitting a change to us, you must complete the reason for the change and its effective date. For example, if you have a child, your reason for coverage would be "Add" and the effective date would be the child's date of birth or the date of acquiring the dependant.

Refer to "Your contact information section" for the personal details required about your eligible dependant:

- Choose one of the following:
    - Dependant child (your child is under the age of 21)
    - Disabled child (if over age 21) – if this is your first-time applying for a dependant with a disability, the Application for Dependant with a Disability Coverage form can be found at **canadalife.com/pshcp**
    - Full-time student (between 21 to 25 years of age). If they're a full-time student, please complete the Institution and Program name, and Program end date (mmm-dd-yyyy; format example Jul-17-2025).

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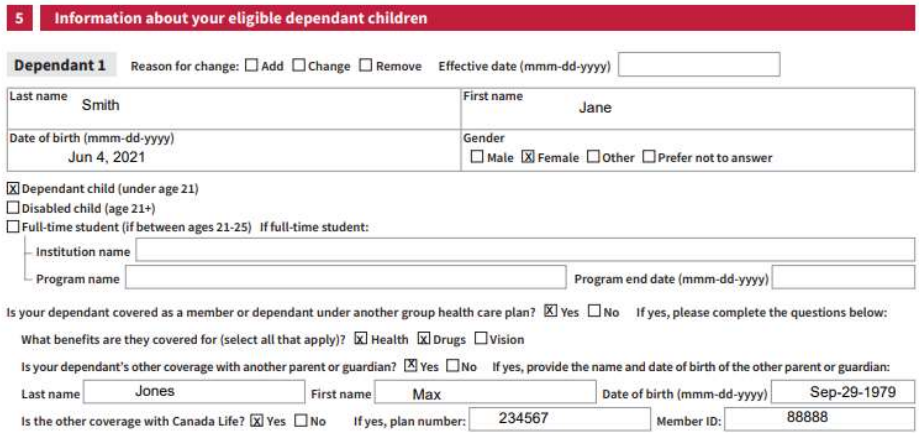
- Is your dependant covered under another health care plan? Yes or no. If yes, please complete the following:
    - What benefits are they covered for (select all that apply) – Health, Drugs, Vision (Note: Health coverage does not necessarily include prescription drugs and vision care like the PSHCP.)
    - Is your dependant's coverage with another parent or guardian? Yes or no. If yes, provide:
        - Name and date of birth (mmm-dd-yyyy; format example JUL-07-1968)
        - Is the other coverage with Canada Life? Yes or no. If yes, provide:
            - Plan number
            - Member ID

Example – your dependants are covered by your ex-spouse

Your dependants are also covered by your ex-spouse for health and prescription drug benefits and their coverage is with Canada Life. Here is an example of how to complete the form.



5 Information about your eligible dependant children

Dependant 1 Reason for change: ☐ Add ☐ Change ☐ Remove Effective date (mmm-dd-yyyy)

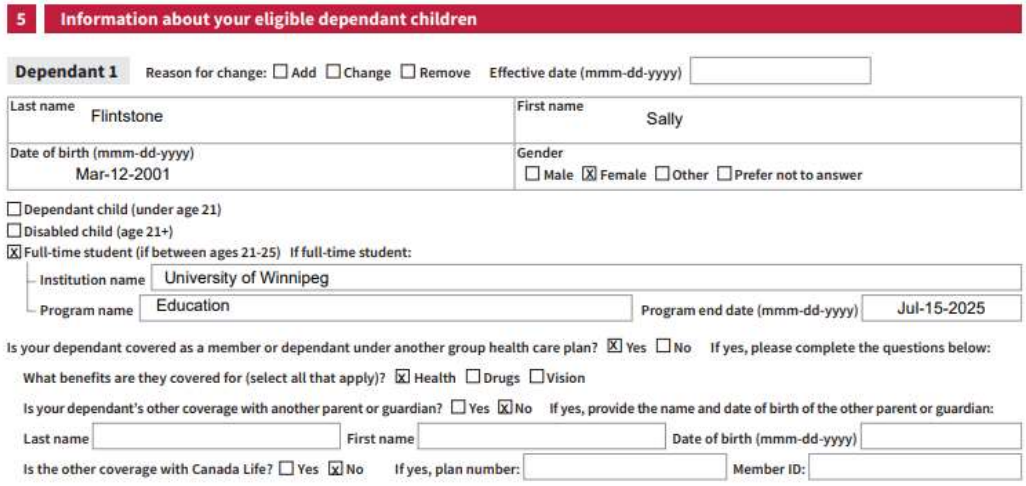
Last name: Smith	First name: Jane
Date of birth (mmm-dd-yyyy): Jun 4, 2021	Gender: ☐ Male ☒ Female ☐ Other ☐ Prefer not to answer

☒ Dependant child (under age 21)
☐ Disabled child (age 21+)
☐ Full-time student (if between ages 21-25) If full-time student:
Institution name:
Program name: Program end date (mmm-dd-yyyy):

Is your dependant covered as a member or dependant under another group health care plan? ☒ Yes ☐ No If yes, please complete the questions below:
What benefits are they covered for (select all that apply)? ☒ Health ☒ Drugs ☐ Vision
Is your dependant's other coverage with another parent or guardian? ☒ Yes ☐ No If yes, provide the name and date of birth of the other parent or guardian:
Last name: Jones First name: Max Date of birth (mmm-dd-yyyy): Sep-29-1979
Is the other coverage with Canada Life? ☒ Yes ☐ No If yes, plan number: 234567 Member ID: 88888

Example – your student is covered by their post-secondary institution for health care

Below is an example of how to complete the form:



5 Information about your eligible dependant children

Dependant 1 Reason for change: ☐ Add ☐ Change ☐ Remove Effective date (mmm-dd-yyyy)

Last name: Flintstone	First name: Sally
Date of birth (mmm-dd-yyyy): Mar-12-2001	Gender: ☐ Male ☒ Female ☐ Other ☐ Prefer not to answer

☐ Dependant child (under age 21)
☐ Disabled child (age 21+)
☒ Full-time student (if between ages 21-25) If full-time student:
Institution name: University of Winnipeg
Program name: Education Program end date (mmm-dd-yyyy): Jul-15-2025

Is your dependant covered as a member or dependant under another group health care plan? ☒ Yes ☐ No If yes, please complete the questions below:
What benefits are they covered for (select all that apply)? ☒ Health ☐ Drugs ☐ Vision
Is your dependant's other coverage with another parent or guardian? ☐ Yes ☒ No If yes, provide the name and date of birth of the other parent or guardian:
Last name: First name: Date of birth (mmm-dd-yyyy):
Is the other coverage with Canada Life? ☐ Yes ☒ No If yes, plan number: Member ID:

Section 6 – Authorization and declaration

Read, date, and sign the consent section of the form. This is a mandatory step in completing positive enrolment to ensure that your PSHCP claims, and those of your dependants, will be processed. To read

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the P*rivacy Act*, PSHCP privacy statement and Canada Life privacy guidelines, you can access them online at **canadalife.com/pshcp**.

Where to send your completed form

Once you've completed all sections of the form, provided consent by signing and dating it, please put it in the self-addressed stamped envelope and mail it to:

Canada Life
PSHCP Positive Enrolment
PO Box 6000 Stn Main
Winnipeg, MB R3C 9Z9

Questions about completing the form

Visit **canadalife.com/pshcp** or call us at 1-855-415-4414, Monday to Friday from 8 am to 5 pm, your local time.

How will I know my positive enrolment is complete?

Once we've processed your PSHCP Positive Enrolment Form, we'll mail you a letter that includes a confirmation statement and a paper PSHCP benefit card in approximately 4 weeks. If your form was incomplete or illegible, you will receive your form returned within 4 weeks and it will need to be resubmitted to Canada Life.

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