CONFIDENTIAL

Ford Motor Company of Canada, Limited

Health Care Coverages
Enrollment and Change Form

ACCOUNT NUMBER				
LAST NAME	FIRST NAME	LOCATION CODE	GLOBAL I.D.	MALE ☐ / FEMALE ☐
MR. ☐ MRS. ☐ MISS ☐ MS. ☐				

TELEPHONE NO. (AREA CODE/NUMBER) HOME: ( ) - BUSINESS ( ) -	BIRTH DATE (MM/DD/YY)	HIRE/REINST. DATE(MM/DD/YY)	NEW HIRE ☐ REIN-STATE ☐

EMPLOYMENT ROLL ☐ HOURLY ☐ Salary Bargaining Unit (SBU) ☐ RETIRED (Hourly or SBU) ☐ SURVIVING SPOUSE ☐ TPT

SINGLE ☐ MARRIED ☐ COMMON-LAW ☐ DATE OF MARRIAGE/COMMON LAW BEGAN (MMDDYY)

☐ ENROLLMENT ☐ CHANGE ☐ ADDITION ☐ CANCELLATION*

* Should I wish to reinstate coverage, I understand reinstatements are processed annually on January 1st provided the enrollment form and supporting documentation is submitted by November 15th of the previous year. I also understand having re-enrolled I will not be able to cancel coverage for a further one year period.

EFFECTIVE DATE of coverage	REASON
Type of coverage required Single ☐ - 1 person covered (employee)	Couple ☐ - 2 persons covered (employee +1) Family ☐ - 3 or more persons covered

DEPENDENT INFORMATION -- list spouse first and then eligible dependent children in descending order of age

When enrolling a dependent, read "Definition of Dependent" set forth on Page 2 and insert the Dependent Codes as applicable:

FIRST NAME (AND LAST NAME IF DIFFERENT FROM YOURS)	CODE (SEE OVER)	SEX	DATE OF BIRTH (MM/DD/YY)	DATE OF CHANGE (MM/DD/YY) ACQUIRED	CANCELLED

IF YOUR SPOUSE OR ANY CHILD SHOWN ABOVE IS EMPLOYED BY FORD, ENTER NAME, WHERE EMPLOYED AND GLOBAL I.D.

NAME **WHERE EMPLOYED** **GLOBAL I.D.**

I HAVE READ AND ACCEPT THE TERMS AND CONDITIONS ON THE REVERSE SIDE. A COPY OF THIS FORM IS AS VALID AS THE ORIGINAL.

SIGNATURE ______________________ DATE ____________

COMPANY BENEFIT REPRESENTATIVE ______________________

Emp.Rel - **5680-3**
Hourly /SBU – 11/2020

Instructions – Please Read Before Completing Form

When enrolling or adding a dependent, read "Definition of Dependent" set forth below and insert the following Dependent Codes as applicable:

1. Code A for your legal spouse. Provide a copy of your marriage certificate and proof of residence. If not living together copy of T1 general required identifying marital status.
2. Code B if your spouse is other than a person to whom you are legally married. Provide a notarized copy of the common-law affidavit and proof of residence. Affidavit can be obtained from your Benefit Representative.
3. Code C for a dependent child under the age of 19. Provide copy of birth certificate and proof of residence for child age 5 and over.
4. Code D for a dependent child age 19 but under 25 if in full time attendance at school. Proof of full-time attendance at school and proof of residence is required. If not in school, dependents age 19 and 20 may be eligible to qualify based on income. Please refer to "Documentation Requirements for Proof of Eligibility".
5. Code E for a dependent child age 19 or older if totally and permanently disabled. Proof of total and permanent disability prior to the age of 19 will be required.
6. Code F for a Sponsored Dependent. Please refer to "Documentation Requirements for Proof of Eligibility". Note: When enrolling a dependent coded F – a valid Social Insurance Number is required.

Definition of Dependent

"Dependent" means (a) the employee's spouse and (b) children under 25 years of age or of any age if totally and permanently disabled, who are unmarried, legally residing with and dependent on the employee and must either qualify in the current year as a dependent under the Canadian Income Tax Act for establishing the employee's withholding tax exemptions or have been reported as a dependent on the employee's most recent income tax return. A child is included until the end of the calendar year in which the child attains age 25, or regardless of age if totally and permanently disabled (provided that total and permanent disability occurred prior to age 19). "Totally and Permanently Disabled" is any medically determinable physical or mental condition which prevents the dependent from engaging in substantial gainful activity (has income of less than the maximum income limitation for Caregiver credit as established by CRA) and which can be expected to result in death or to be of long continued or indefinite duration.

"Sponsored Dependent" means an individual who is related to the employee by blood or marriage or a member of his/her household, dependent upon the employee for more than half of his/her support as defined in the Canadian Income Tax Act (has income of less than 50% of the year's Basic Personal exemption amount as established by CRA) and must either qualify in the current year as a dependent under the Canadian Income Tax Act for establishing the employee's withholding tax exemption or have been reported as a dependent in the employee's most recent Income Tax return.

Terms and Conditions

Your signature on Page 1 of this form will indicate your agreement that Ford Motor Company of Canada, Limited will enroll you with the appropriate benefit provider(s) or for all health care carrier(s) as determined by the Company for all health care coverages made available by the Company for which you are eligible, and which you have not waived or cancelled, and that the information you provide on this form is true and complete. You further authorize, on behalf of you and your eligible dependents, the collection and use of this information by the Company and its agents and the release to your benefit providers, health coverage carriers, providers of services, reinsurers and their agents (the Parties) to determine your eligibility for benefits, administer the plan, and investigate, assess or adjudicate your claims. For these purposes, you also authorize the Company and the Parties to exchange any other relevant benefit related personal information contained in any of their files. You authorize the use of your social insurance number for administration of group benefits.

Where Provincial Hospital and Medical coverage has lapsed and arrears are paid on your behalf during a period of time when you are not eligible for Company-paid premiums, your signature constitutes your authorization for the Company to deduct such premium payments from any earned or accrued salaries or wages. Such premium payments are set by the Provincial Government. Current rates in effect may be obtained by contacting the respective provincial government.

Each dependent listed on Page 1 of this form must be an eligible dependent in accordance with the "Definition of Dependent" set forth above. If you have elected Sponsored Dependent coverage, your signature on the front side will constitute your agreement that you will be required to separately enroll the sponsored dependent(s) listed on the front side of this form and you will be charged by the Company the rates as are now in effect or which may be fixed in the future for coverages which now are or which may become available to sponsored dependent(s).