

NOTICE OF TERMINATION OF SERVICE
CINUP Group Insurance & Pension Plan



Group Insurance Certificate # _____ Pension Plan Certificate # _____

Employer's Name: _____

Employee's Name: _____

Social Insurance Number : _____ Date of Birth: _____

Date of Termination of Service: _____

Month of Final Pension Contributions: _____

To ensure accuracy of the member's Option Statement, please indicate the last pay period for which pension contributions will be deducted.

Non-Status Status Treaty No : _____

100% of Income earned is tax exempt as provided under the Indian Act

Member's Current Address:

Street & Number	City/Town	Province

Postal Code	Phone Number	

The employer authorizes MGI FINANCIAL INC. to provide the above terminated member with an option statement.

Date: _____ Authorized Employer Signature: _____

OFFICE USE ONLY

Group Insurance Pension Plan - Policy No _____

Date of Employment: ___/___/___ Date of Plan Entry: ___/___/___ Original Effective Date ___/___/___

All Pension Contributions remitted on behalf of terminated member: Yes _____ No _____

AUTHORIZATION AND CONSENT

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by MGI Financial Inc. and the insurance carriers of my group insurance policy may be collected, used, or disclosed to administer the terms of the group policy of which I am an eligible member, to develop and recommend suitable products and services to me and my employer, and to manage the organization's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These include the insurance carriers of my group insurance policy, licensed physicians and/or any other health care professionals or institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in the group policy of which I am an eligible member.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time; however, if consent is withheld or revoked, the coverage may be declined or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding MGI Financial Inc.'s Group Benefits privacy policy I can contact MGI Financial at 204-786-0324 or privacy@mgiwealth.com should I have questions as to the collection, use or disclosure of my personal information.