



SIG Inc.  
*Private Health Service Plans*

## EMPLOYEE OPT OUT FORM

### Private Health Care Plan

#### *OPTING OUT OF THE EMPLOYEE HEALTH CARE PLAN*

**PLEASE PRINT:**

Employee full name:

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Address: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

Res. Tel: \_\_\_\_\_

Bus Tel: \_\_\_\_\_

Date: \_\_\_\_\_

I HEREBY CERTIFY THAT I DO NOT WISH TO PARTICIPATE IN THIS PLAN AND  
HAVE ELECTED TO OPT OUT.

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**Employee Signature**

**SIG Inc.**

4816 1<sup>st</sup> Street S.W., Calgary, Alberta T2G 0A2

Tel. (403) 214-2422 Toll Free 1-877-287-9988 Fax (403) 243 - 8973

[www.taxfreehealth.com](http://www.taxfreehealth.com)