



ENROLMENT FORM

339 Tuscany Estates Rise NW

Calgary AB, T3L 0C6

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Plan Number: 12121212

Company Name: Oceneb Inc.

(Please Print)

EMPLOYEE INFORMATION

Relationship code - EE-employee, SP- spouse, CHD - Child, OTR - Other

Last Name	First Name	Male/Female	Date of Birth (DD / MM / YY)	Relationship Code to Employee (code)	Class Name
Doe	John	M	1/1/1965	EE	All Employees

DEPENDENT INFORMATION

Relationship code - EE-employee, SP- spouse, CHD - Child, OTR - Other

Last Name	First Name	Male/Female	Date of Birth (DD / MM / YY)	Relationship Code to Employee (code)	Class Name
Doe	Jane	F	2/2/1965	SP	All Employees
Doe	Jack	M	3/3/1994	CHD	All Employees
Doe	Jane	F	4/4/1997	CHD	All Employees

AUTHORIZATION and CERTIFICATION

Please fill in all areas and sign the completed form. Incomplete or incorrect forms will be returned and / or rejected and will result in a delay in processing. I authorize the release of the above information and records submitted to BeneCo Inc., my employer and my employer's plan administrator or their agents. I certify that the information given is true to the best of my knowledge.

I certify that any claims I submit are for legitimate medical or dental expenses incurred by myself and / or my dependents. Further it is agreed and understood that the any submission will adhere to the guidelines of Canada Revenue Agency (CRA) regarding acceptable medical or dental expenses (IT Bulletin 519R2). At no time in the future will I or my dependents hold BeneCo Inc. and / or my employer responsible for those expenses disallowed by CRA. I agree to reimburse BeneCo Inc. and / or my employer for any such disallowed expenses.

Employee Signature:

Date: 9/1/2009

Employer Signature:

Date: 9/1/2009