

FINANCIAL SERVICES

556 BOLESKINE ROAD, VICTORIA, BRITISH COLUMBIA V8Z 1E8
PHONE (250) 475-4201 FAX (250) 475-6159

Payment for benefit coverage while on leaves made by Pre-Authorized Debit, as indicated in the attached documents. In addition to the benefit premiums outlined, there may be other premiums withdrawn from your account to pay for outstanding amounts due.

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Caitlyn Lee

PLEASE KEEP THIS INFORMATION FOR REFERENCE

Employees may continue benefit coverage while on an approved leave by paying the required benefit premiums as outlined below. The Payroll & Benefits Office will forward a *Pre-Authorized Debit (PAD) Plan Agreement* covering the cost of benefit premiums for the leave period.

Leave Type	Board contribution to p
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Cancellation due to unauthorized PAD Plan Agreements

Please note that it is important that your PAD Plan Agreement be received by the School District within 30 days of the invoice date. Failure to meet this deadline will result in termination of benefit coverage.

Re-instatement of benefit coverage upon return to work

To re-instate benefit coverage upon return to work, employees must re-apply for coverage within carrier deadlines. Employees must be eligible and complete applications within 30 days of their return to work date. If an employee is eligible when returning to work and does not reapply within 30 days, coverage may be denied. **Coverage cannot be re-instated while on leave.**

For further information on benefit coverage on leave please visit www.pebt.ca

CUPE 382 BENEFIT COSTS

Premiums are subject to carrier rate changes

July 2024

	<u>Monthly Premium</u>	<u>Employee Deduction</u>	<u>Board's Share</u>
<i>Pacific Blue Cross (Group # 53724)</i>			
Extended Health Single	90.91	0%	90.91 (100%)
Couple	163.64	0%	163.64 (100%)
Family	209.09	0%	209.09 (100%)
 <i>Pacific Blue Cross (Group # 53724)</i>			
Dental Single	71.36	17.84 (25%)	53.52 (75%)
Couple	140.71	35.18 (25%)	105.53 (75%)
Family	205.23	51.31 (25%)	153.92 (75%)
 <i>Pacific Blue Cross (Group # 053724) Compulsory</i>			
Basic Life	.1400 per \$1,000	0%	100%
 <i>AIG (Group # BSC 9104906) Compulsory</i>			
Basic AD&D	.0070 per \$1,000	0%	100%
 <i>Pacific Blue Cross (Group # 053724)</i>			
Optional Life	individual premiums see brochure for rates	100%	0%
 <i>AIG (Group # PAI 9104940)</i>			
Optional AD&D	individual premiums see brochure for rates	100%	0%

*on a PLOA, or Educ Leave, or Parenthood Leave, or LTD > 2 years, or UnPd Medical Lv > 6 months:
Benefit Premiums are 100% employee paid (Monthly Premium Column)

CUPE 382 Benefit Deduction Calendar 2024-2025

Friday, July 26, 2024

Friday, August 23, 2024

Friday, September 20, 2024

Friday, October 18, 2024

Friday, November 15, 2024

Friday, December 13, 2024

Friday, January 24, 2025

Friday, February 21, 2025

Friday, March 21, 2025

Thursday, April 17, 2025

Friday, May 16, 2025

Friday, June 27, 2025



Employee Information

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Please complete · Pre-Authorized Debit (PAD) Plan Agreement Below

I/We authorize **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)**, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)**. Regular payments for the full amount of services delivered will be debited to my/our specified account on the last debit date of each month (see attached schedule). **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** will provide 10 days written notice of the amount of each regular debit. **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** has received written notification from me/us of its change or termination. This

EMPLOYEE BENEFIT CANCELLATION



Waiver of Coverage

Employee's Waiver of Rights

Employee's Last Name	First Name	Initial	District #
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Covered Employee

I am currently insured under the PEBT Benefits Program for my District, and

My dependents and I now have coverage under another Dental Extended Health Care plan. I understand that we/I have the option of having coverage under more than one plan, but I have chosen to now waive coverage under the PEBT Benefits Program for my District

