



Please return completed form to your District Benefits Administrator.

Common Law Spouse Declaration

Employee Common Law Spouse Declaration

Employee's Last Name, First Name

District #

Please insure my common law spouse, _____ for the following benefits as of _____:
(full name of common law spouse) (Coverage effective date)

Extended Health Care

Dental Care

Date co-habitation began: _____

Common law spouse definition: A person of the opposite or same sex, who has been residing with the Employee for a continuous period of at least 1 year, and is publicly represented as the Employee's spouse.

I hereby certify that my spouse meets the definition of common law spouse as defined above.

Employee Signature _____

Date Signed (yyyy/mm/dd) _____

Benefits Change Form

Part 1: Employee Identification

Employee Last Name	First Name	Initial	District #	Employee ID number	Provincial Health Plan Number (Care Card)
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Part 2: Change in Family Status

Change of coverage requested due to the following event: Marriage Cohabitation Divorce Separation Death Birth Adoption Other (specify):	Date of Event (yyyy/mm/dd)
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Revised Extended Health Coverage Single Couple Family Waived (attach Waiver of Coverage form)	Revised Dental Coverage Single Couple Family Waived (attach Waiver of Coverage form)
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Add	Delete	No.	Dependent	First Name	Initial	Last Name (if different from Employee)	Birthdate (yyyy/mm/dd)	Relationship	Gender M Male F Female X Another Gender U Prefer Not to Disclose	Provide name of school and student number if child is over 21 and studying full-time. If child is disabled, indicate disabled in his/her name and attach the approved CRA/PWD (Persons with Disability) document. If adding an adopted child, provide date of adoption. If adding a legal ward, provide court document.

Part 3: Change to Spousal or Other Coverage

Change of Dental Extended Health coverage requested due to:	Date of Change (yyyy/mm/dd)
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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>
Pacific Blue Cross (Group # 53724)			
Extended Health Single	90.91	0%	90.91 (100%)
Couple	163.64	0%	163.64 (100%)
Family	209.09	0%	209.09 (100%)
Pacific Blue Cross (Group # 53724)			
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%)
Pacific Blue Cross (Group # 053724) Compulsory			
Basic Life	.1400 per \$1,000	0%	100%
AIG (Group # BSC 9104906) Compulsory			
Basic AD&D	.0070 per \$1,000	0%	100%
Pacific Blue Cross (Group # 053724)			
Optional Life	individual premiums see brochure for rates	100%	0%
AIG (Group # PAI 9104940)			
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)