EMPLOYEE ENROLMENT DUE TO CANCELLATION OF OTHER COVERAGE

BENEFITS CONTROL /WAIVER FORM – CUPE 382

You must complete and return this form together with the Enrolment Form

This form is used by the Payroll & Benefits Office to confirm which coverage you want. Please make sure all applications are dated and signed. If the attached applications are incomplete they will be returned and coverage may be delayed. Please print clearly.

Employee Name : _____ Date : _____

Employee # : _____ School/Location : _____

Applications must be received in the Payroll & Benefits Office within 31 days of the loss of other benefit coverage.

If you are applying for benefit coverage for any reason other than transferring from other coverage, please contact the Payroll & Benefits Office for appropriate forms. If you are applying for coverage but have not submitted your forms within the required deadline, please contact the Payroll & Benefits Office for late forms.

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I have been fully advised by the Greater Victoria School District of the benefit plans and options available to me for coverage under these plans. I understand the plans and options available to me, and I have applied or waived coverage as described above.

Date: _____ Signad dll1.4641.462

TRANSFER FORM

EXTENDED HEALTH AND DENTAL COVERAGE
DUE TO CANCELLATION OF OTHER COVERAGE

EMPLOYEE ENROLMENT

Employees terminating from spousal or other coverage can apply to transfer from their other coverage to the District plans. The transfer must be done at the time of cancellation. Example: Spousal or other coverage terminates March 31st - employees must apply for coverage April 1st.

Employees must supply written proof of cancellation from the plan the employee is terminating from by having the Plan Administrator complete and sign this form, or supply written information which includes all the information below.

School district employee name & employee number:

_____

Name of Benefit Holder of terminating plan: _____

Name of persons terminating from plan: _____

EXTENDED HEALTH

Carrier name & contact phone # _____

Plan group #: _____

ID #: _____

Termination date: _____

DENTAL

Carrier name & contact phone # _____

Plan group #: _____

ID #: _____

Termination date: _____

Name of Employer or Plan Holder: _____

Signature of Plan Administrator: _____ Date: _____

This information will be verified by the Payroll & Benefits Office and the Benefits Carrier. Coverage through the school district cannot be set up until the other coverage is cancelled. Forms should not be sent to the Payroll & Benefits Office until close to the cancellation date. The forms will be returned to the employees if the information is incomplete, incorrect or if the other coverage is not cancelled.

Employees who do not apply for

COMPLETE THIS FORM FOR THE ADDITION OF A NEW PLAN MEMBER

- Section 1 to be fully completed by Plan Sponsor/Employer
- **Sections 2 - 6 to be fully completed by Plan Member/Employee**
- **Return ORIGINAL to your School District Benefits Administrator**

District

District ID Number

Class

Division

Cost Centre (If applicable)

Employee Hire/Rehire Date

Employee Effective Date

ID Number

Occupation/Position

Earnings Per ___

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Policy/Group Contract Numbers

Hours Worked/Week

Employment Type

Employment Status

Waiting Period (If applicable)

Last Name

First Name

Middle Initial

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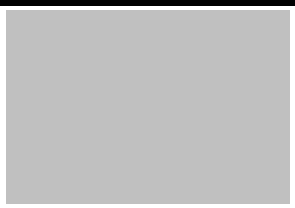

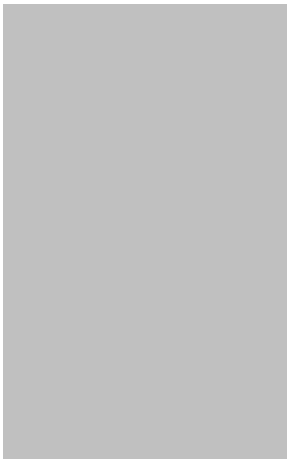

CUPE 382 BENEFIT COSTS

Premiums are subject to carrier rate changes

July 2024

		Monthly Premium	Employee Deduction	Board's Share
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 (Monthlly Premium Column)

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WAIVING EXTENDED HEALTH CARE COVERAGE

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WAIVING DENTAL COVERAGE

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CONFIRMATION OF COVERAGE

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OPTIONAL COVERAGE

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