



B108 Wentworth House, McMaster University, Hamilton, ON, L8S 4K1  
 Phone: (905) 525-9140 ext. 24003  
 Email: cupe3906@mcmaster.ca  
 Fax: (905) 525-3837  
 Website: www.cupe3906.org

## CUPE 3906 DENTAL PLAN UNIT 1 FAMILY COVERAGE ENROLLMENT

Please complete the following.

|                     |  |                 |   |  |
|---------------------|--|-----------------|---|--|
| Name (please print) |  |                 | <b>CHANGE OF<br/>STATUS FORMS<br/>MUST BE<br/>COMPLETED<br/>EVERY YEAR.</b> |  |
| Student Number      |  | Employee Number |   |  |
| Department          |  |                 |   |  |
| Date                |  |                 |   |  |
| E-mail              |  |                 |   |  |

### Coverage for Immediate Family Members

**Eligibility: Spouse (Married, Common-Law, Same Sex), Children**

**I wish to be enrolled for full family benefits under the CUPE Dental Plan. I understand that I am responsible for the difference between the individual premium and family premium as well as my normal contributions toward premium and administrative costs. My monthly total will be \$62.91. I authorize my employer, McMaster University, to deduct these contributions from my pay.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please complete the attached form for all family members to be enrolled.**

**PLEASE NOTE: These names will be passed on to Equitable Life to ensure coverage. A copy of this form will be kept at both CUPE 3906, and at Graduate Studies, McMaster University.**

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and being collected under section 39 (2) and section 42 of the *Freedom of Information and Protection of Privacy Act* of Ontario. Questions regarding the collection or use of this personal information should be directed to the University Registrar, University Hall 209, McMaster University, 905-525-9140.

PLEASE WRITE CLEARLY AND LEGIBLY !

**DEPENDENT SIGN UP SHEET CUPE 3906 DENTAL PLAN**

| Policy No. | Division No. | Certificate No. (STUDENT NO.) | Last Name | First Name | Date of Birth | Sex | Spouse (S) or Dep. (D) | Disabled (Y or N) | Overage Dep. (Y or N) | Overage Approved | Status (T or A) | Status Eff. Date |
|------------|--------------|-------------------------------|-----------|------------|---------------|-----|------------------------|-------------------|-----------------------|------------------|-----------------|------------------|
| 97528      | 1            | 15564                         | SMITH     | ROBERTA    | 19750528      | F   | S                      | N                 | N                     |                  | A               | 19600101         |
| 97528      | 1            | 15564                         | SMITH     | KEVIN      | 19800327      | M   | D                      | N                 | N                     |                  | A               | 19960801         |
|            |              |                               |           |            | (yyyymmdd)    |     |                        |                   |                       |                  |                 | (yyyymmdd)       |

**Please enter *Your* DEPENDENT Information below in the above EXAMPLE format**

|       |   |  |  |  |  |  |  |  |  |  |  |  |
|-------|---|--|--|--|--|--|--|--|--|--|--|--|
| 97528 | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 97528 | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 97528 | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 97528 | 1 |  |  |  |  |  |  |  |  |  |  |  |
| 97528 | 1 |  |  |  |  |  |  |  |  |  |  |  |

**EXPLANATION**

|   |   |
|---|---|
| 1 | POLICY NO. and DIVISION NO. are always the same   |
| 2 | CERTIFICATE NUMBER - please enter your <b>McMaster University STUDENT</b> number. If you don't have a student number, enter EMPLOYEE number.  |
| 3 | DISABLED - YES OR NO - if you have a <b>disabled</b> child <b>over</b> 21 years living at home enter Y(es), otherwise N(o).   |
| 4 | OVERAGE DEP. - if you have a dependent child <b>over</b> 21 years of age, still attending school full time, please enter Y(es), otherwise N(o).   |
| 5 | OVERAGE APP. - leave blank / empty  |
| 6 | STATUS - if <i>you</i> are on the plan then your <b>Dependents</b> are <b>A</b> (ctive). <b>T</b> (erminated) will be applied for reporting purposes once you cease to be on the plan.  |
| 7 | STATUS EFF. DATE- In most cases this will be same date your coverage was effective, UNLESS your status (Married/ Common Law) changed <b>AFTER</b> your original effective date. If this is the case - for Dependents use date of Marriage or CL co-habitation for Status Eff. Date. |

IF YOU NEED MORE SPACE THAN IS AVAILABLE ABOVE , PLEASE USE SPACE BELOW TO PROVIDE DETAILS - OR EXPLANATION.