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CUPE 3906 DENTAL PLAN FAMILY COVERAGE ENROLLMENT

Please complete the following.

Name (please print)			CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR.	
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 \$69.66. 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.