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CUPE 3906 DENTAL PLAN POST-DOCTORAL OPT-OUT AUTHORIZATION

Please complete the following and attach necessary proof of coverage.

Name (please print)		CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR.
Employee Number		
Department		
Date		
E-mail		

Option 1 - Opting out of the Dental Plan because of Spousal coverage

Whereas I have dental benefits already provided through my spouse's dental plan, I wish to opt out of participation in and coverage under the CUPE Dental Plan. I understand that in order for me to opt out, I must provide proof that I am covered under his/her dental plan, a copy of which is attached to this application. Documentation **MUST** be provided each year.

Signature _____ Date _____

Option 2 - Opting out of the Dental Plan because of Other coverage

Whereas I have dental benefits already provided through another dental plan, I wish to opt out of participation in and coverage under the CUPE Dental Plan. I understand that in order for me to opt out, I must provide proof that I am covered under this other dental plan, a copy of which is attached to this application. Documentation **MUST** be provided each year.

Signature _____ Date _____

IMPORTANT

Opt-Out Forms MUST be completed and returned to the CUPE 3906 Office (Wentworth House, B108) within 30 days of the start of contract. Barring exceptional changes in circumstance, no changes are permitted after this time.

PLEASE NOTE: Your signature on this form confirms that the documentation which accompanies it is accurate and meets the above criteria.

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.