



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 POST-DOCTORAL FELLOW FAMILY COVERAGE ENROLLMENT

Please complete the following.

Name (please print)		CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR.
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 the premium. My monthly total will be \$64.66. 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.

The Family Enrolment form MUST be completed within 30 days of the start of your contract (for new Post-Docs) or during the 30-day change of coverage period (for returning Post-Docs) and returned to the CUPE Office (B108 Wentworth House). Barring exceptional changes in circumstance (such a change in marital status), no changes may be made until the next change of coverage period. The 30 day change of coverage period begins on anniversary of the first day of your contract.

Family coverage is automatically renewed every year. Family coverage may be cancelled during the change of coverage period by submitting a signed letter to the union. Members who cancel their family coverage will be barred from re-enrolling family members in the plan for two years.

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 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 McMaster University STUDENT number. If you don't have a student number, enter EMPLOYEE number.
3	DISABLED - YES OR NO - if you have a disabled child over 21 years living at home enter Y(es), otherwise N(o).
4	OVERAGE DEP. - if you have a dependent child over 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 Dependents are A (ctive). T (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 AFTER 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.