CUPE 3903 Benefits Enrolment & Change Form

Complete this form and return it to the Pension & Benefits Office in the Department of Human Resources. Claims will only be processed for a spouse and/or dependants who we have on file. I understand if I have more than a four month break between contracts a new enrolment form must be submitted.

General Information

If approved, this enrolls me in or continues my coverage for the following plans effective the date the Pension & Benefits Office receives this completed form or the effective date of my current contract, whichever is later:

Extended Health	☐ Single	☐ Family	Benefit eligibility and information can be found at:
Dental	☐ Single	☐ Family	http://www.yorku.ca/hr/services/employees/benefits.html
Vision	☐ Single	☐ Family	

For CUPE 3903 unit 1 and CUPE 3903 unit 3 members – Important time sensitive information regarding your student plan

You are able to opt out of the student plan, if you wish, by going to https://studentplans.hroffice.com
Note: there are deadlines that must be adhered to for you not to be charged for the student plan coverage.
For more information about the plan and the opt out procedure go to www.yugsa.ca

Last Name	First Name	Employee # (**not your student #**)
Email address		Birthdate (mmddyyyy)

I have read the eligibility definitions on the reverse side of this form and the following people are eligible for benefit coverage under the York University programs in which I am enrolled.

Spouse Details – Proof of Relationship required - See definitions on reverse for further explanation

Last Name	First Name	Birth date (mmddyyyy)	Gender (M/F)
Identify if your spouse is enrolled in their own group plan for **Coordination of Benefits (COB).** If yes, indicate: Extended Health No ☐ Yes ☐ Single ☐ Family ☐ Dental No ☐ Yes ☐ Single ☐ Family ☐			Reason for Change – see below *

Child Details – Proof of Relationship required -See definitions on reverse for further explanation

Last Name	First Name	Birth date (mmddyyyy)	Disabled (Y/N)	Gender (M/F)	Reason for Change – see below *

* **Indicate reason for change in last column, for example, insert 'A' to add, 'D' to delete, or 'C' to change**

I understand it is my responsibility to notify the Pension & Benefits office of any changes to those covered under the plan. The insurer reserves the right to obtain reimbursement from me for any benefits paid due to error, misrepresentation or lack of notification.

_____ _____

Employee Signature **Date**

November 2014

Spouse/dependant(s) will be added effective the date the necessary proof has been received. The following documents will be accepted:

If married:

- Copy of Marriage certificate
- Copy of mail with same address as employee
- Copy of proof of joint bank account
- Signed declaration by both parties that you are in a conjugal relationship for a period of not less than one year

If common law:

- Copy of drivers license with same address as employee
- Copy of mail with same address as employee
- Copy of proof of joint bank account
- Signed declaration by both parties that you are in a conjugal relationship for a period of not less than one year

Children:

- Copy of birth certificate
- Copy of baptismal certificate
- Copy of mail with same address as employee

Definition of Spouse

For the purpose of all benefit programs, a member is entitled to have only one spouse for whom coverage is provided and who shall be the member's legal spouse as set out below:

A legal spouse as defined in the Family Law Act, R.S.O. 1990 is:

"spouse" means either of two persons who,
1) are married to each other, or
2) have together entered into a marriage that is voidable or void, in good faith on the part of a person relying on this clause to assert any right.

Both Spouses Employed at York University If both you and your spouse are covered (i.e. each have their own coverage as an employee of the University), each spouse is considered to have their own plan when completing the Spouse Details section.

Definition of Dependant Children

A dependant means your unmarried children up to age 21 (or up to age 25 in the case of a full-time student wholly dependant on the member for support). This includes children for whom you are the legal guardian. Dependant includes your spouse's children if your spouse has sole responsibility by decree of divorce for support and maintenance of the child.

The definition of a dependant child is extended to an unmarried child who attains age 21 while covered under the Plan as a dependant and who is incapable of self-sustaining employment by reason of mental or physical disability and is chiefly dependant on the member for support and maintenance. This is subject to the University/Insurer receiving proof from the member of the dependant's incapacity no later than 31 days after the dependant attains the age of 21.

Note: For information purposes, a child's natural/legal parents are responsible for the maintenance of the child. Step-children are eligible as dependants if the child normally re sides at the home of the employee and the employee's spouse has sole legal responsibility for such child.

Disabled Child If your child became disabled prior to age 21, please indicate on the enrolment form in the Disabled column.

Co-Ordination of Benefits

Extended Health, Dental and Vision plans make provisions for those situations when an employee and his/her spouse both have plans available to them through their employers. Co-ordination of benefits is a means of dividing responsibility of payment between the two programs involved so that the combined coverage will pay up to 100% of the eligible expenses within the limits of both programs and not to exceed the total expenses incurred. Eligible expenses include all items of care covered in whole or in part by at least one of the programs.

When a patient is covered by two different contracts for benefits, it should be determined which contract carrier is responsible for primary liability for services performed. The protocol for determining the primary carrier which is described here is in compliance with the guidelines established by the Canadian Life and Health Insurance Association (CLHIA).

The basic rules are:

1. When an individual is covered by two plans, as a subscriber and as a spouse or dependant, the plan covering the individual as a subscriber is considered primary.
2. If the patient is a dependant child and both mother and father have a contract covering the child, then the contract of the parent whose birthday is first in the calendar year is considered primary. (For example, if John Doe's birth date is May 1, 1954 and his spouse's birth date is July 1, 1952, John's policy would be considered primary).
3. If the patient is a dependant child of divorced or separated parents, then the order of benefit determination is (a) the parent who holds custody or legal financial responsibility for the child, then (b) the plan of the spouse or parent with custody, and finally (c) the plan of the parent not having custody.
4. If the patient has two policies in his or her name, then the contract in effect for the longest period of time is considered primary.

When submitting claims for co-ordination of benefits, submit first to the primary plan and once payment is received, submit a copy of the explanation of benefits (EOB) from the primary plan to the secondary plan.

If you have questions regarding primary/secondary plans and co-ordination of benefits, please contact your insurance companies directly for assistance in determining the correct order of claims submission.

Authorizations and Declarations

I consent to the information provided in this form being collected, used and disclosed by my employer, York University, for purposes of assessing eligibility for all benefits to which I may be entitled and for plan administration, plan design and cost management activities For these purposes, I also consent to York University disclosing to and/or obtaining information from its agents and service providers, including, but not limited to, insurers, benefits providers or administrators, benefits consultants and medical professionals.

If applying for benefits for my spouse or dependants, I am authorized to release information concerning those individuals for purposes of determining their eligibility for benefits.

I consent to the premium deductions if any from my pay, according to the provisions of the plan as set out in the plan documents.

I confirm that I have read and understood the contents of this form. I declare that the information provided by me on this form is true and complete. I understand that it is my responsibility to notify York University of any changes to this information and to submit the changes on a form approved by the University for this purpose.