



EXTENDED HEALTH CARE & DENTAL BENEFITS ENROLMENT FORM

Section A - Member Details

Member Name:

First Name

Last Name

Birth Date:

mm dd yyyy

Member ID Number (if known):

7-digit grid for Member ID Number

Personal Health Coverage Number:

9-digit grid for Personal Health Coverage Number

Your Member ID is your 7-digit UBC Employee ID Number.

This is a number assigned upon enrolment in a Canadian provincial health plan (e.g. MSP, OHIP).

Your Arrival Date in BC: mm dd yyyy

If you do not have a Personal Health Number yet, please indicate your (and your dependent's) arrival date in BC on the right.

Dependent(s) Arrival Date in BC: mm dd yyyy

Section B - Benefit Plan Election and Coverage Type

Please indicate coverage type by selecting the appropriate box.

Extended Health Care:

- Single, Couple (you plus 1 dependent), Family, No Coverage

Dental:

- Single, Couple (you plus 1 dependent), Family, No Coverage

Section C - Dependent Details

Please complete the following section if you are enrolling dependents under your Plan. Eligible dependents include:

- A partner of the opposite or the same sex who is publicly represented as your spouse.
i) You may only cover one partner at a time. There is no required cohabitation period for adding your common-law partner.
A dependent child*, defined as your child, your spouse's child, or a child for whom you or your spouse is the primary caregiver (other than a foster child) and granted custody and control.
i) If the latter applies to your situation, you will need to submit a legal document outlining the arrangement with this form.

*A dependent child must be under the age of 19 and cannot be married or in any other formal union recognized by law,

OR Under 25, not married and a full-time student attending an education institution recognized under the Income Tax Act (Canada), and is entirely dependent on you for financial support.

OR Incapable of financial self-support because of a physical or mental disability. There is no age limit for continued coverage as long as your child is diagnosed with a disability before age 25, continues to be entirely dependent on you for financial support, and is not married or in any other formal union recognized by law. Disabled child coverage must be approved by Sun Life. Please contact UBC Payroll to request the Sun Life Disabled Child Coverage form.



Section C - Dependent Details (Continued)

Dependent Names		Date of Birth			Sex	Student	Disabled
First	Last	mm	dd	yyyy	m / f		
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

Section D - Extended Health Care & Dental Benefits Authorization

I agree to the conditions of the contract between my employer and Sun Life and understand that I and my dependents (if any) must be continuously enrolled under the Provincial Health Plan in order to participate in the extended health care plan.

You must be authorized to disclose information about your spouse and dependents in order to enroll them in the plan. By enrolling in this plan, you authorize the following:

- Sun Life Assurance Company of Canada, its agents and service providers to use and exchange information collected in this form to underwrite, administer benefits and pay claims,
- The University of British Columbia to use the information collected in this form for benefits administration and to make any necessary payroll deductions.

You agree all information in this form is true and complete. A photocopy or an electronic version of this authorization is as valid as the original.

Personal information provided on this form is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165 (FIPPA) for the purposes of benefits administration, claims submission and to make any necessary payroll deductions. The information will only be used, retained and disclosed by UBC in accordance with FIPPA. For further information, please email benefitsinfo@hr.ubc.ca.

Employee Signature: _____

Date: _____
mm dd yyyy

Section E - Form Submission

Please mail or drop off the completed form to the appropriate address below for processing.

Vancouver Campus

Attention: Payroll Services
UBC Financial Operations
500 - 6190 Agronomy Road
Vancouver, BC V6T 1Z3
Phone: 604-822-2187
Fax: 604-822-9233

Okanagan Campus

Attention: Payroll
UBC Finance Operations and Strategies
EME 2171 - 1137 Alumni Avenue
Kelowna, BC V1V 1V7
Phone: 250-807-8625
Fax: 250-807-9354

To confirm if your forms have been received and processed, check the status of your enrolment by logging on to UBC's Faculty & Staff Self-Service Portal with your CWL ID & password. You may also contact your Payroll Benefits Administrator to confirm.