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CUPE 3906 DENTAL PLAN:

UNIT 1 OPT-OUT AUTHORIZATION

Please complete the following and attach any necessary proof of coverage.

| | |
|--------------------------|---|
| Name (please print): | |
| Student/Employee Number: | |
| Department: | CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR. |
| 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, from my spouse's employer, 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 (i.e. Parental)

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: _____

If you are considering opting out, be aware that this form and accompanying documentation **MUST** be completed and returned to the CUPE 3906 Office (Kenneth Taylor Hall, B111) by **September 7, 2016** to opt out for September. Opt-outs received by September 30 will take effect on October 1. *No opt-outs are permitted after September 30.*

PLEASE NOTE: Your signature on this form confirms that the documentation that 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.