



Kenneth Taylor Hall B111, McMaster University
 1280 Main Street W., Hamilton, ON L8S 4M4
 Phone: (905) 525-9140 ext. 24003
 Email: administrator@cupe3906.org
 Fax: (905) 525-3837
 Website: http://cupe3906.org

**CUPE 3906 DENTAL PLAN:
 UNIT 1 FAMILY COVERAGE ENROLMENT**

Please complete the following:

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

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 premium and administrative costs. My monthly total will be \$67.85, to be paid from my TA/RA in lieu pay and/or via direct payment to the University*. 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.

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 Graduate Studies, McMaster University.

***As such, please note that these contributions may not therefore appear as uniform deductions from paycheque to paycheque. The total Unit 1 family dental premium contributions will not exceed \$814.20 per member per academic year (Sept. to Aug.).**

PLEASE WRITE CLEARLY AND LEGIBLY !

DEPENDENT SIGN UP SHEET CUPE 3906 DENTAL PLAN

Policy No.	Division No.	CLASS	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	C	15564	SMITH	ROBERTA	19750528	F	S	N	N		A	
97528	1	C	15564	SMITH	KEVIN	19800327	M	D	N	N		A	
						(yyyymmdd)							(yyyymmdd)

NOTE:

Class A - Single Member

Class B - Family member (more than 1 dependent covered i.e. spouse plus at least one child).

Class C - Single Member and 1 dependent ONLY (i.e spouse OR 1 child).

Please enter *Your* DEPENDENT Information below in the above EXAMPLE format

Policy No.	Division No.	CLASS	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												
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.
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.