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**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 \$77.19, 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 to enroll all family members.

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. This form MUST be completed and returned to the CUPE 3906 Office (Kenneth Taylor Hall, B111) by September 9, 2015 at 4:00 P.M

***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 \$926.22 per member per academic year (Sept. 2015 to Aug. 2016).**