



Kenneth Taylor Hall B111, McMaster University,  
Hamilton, ON, L8S 4M4  
Phone: (905) 525-9140 ext. 24003  
Email: [cupe3906@mcmaster.ca](mailto:cupe3906@mcmaster.ca)  
Fax: (905) 525-3837  
Website: [www.cupe3906.org](http://www.cupe3906.org)

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**TO:** Members of CUPE 3906, Unit 1 (TAs and RAs in lieu of TA)

**FROM:** Sathish Pichika, Benefits & Advocacy Officer, CUPE 3906  
Dina LoPresti, Payroll Supervisor, School of Graduate Studies

**DATE:** July 15, 2014

**RE: CUPE 3906 DENTAL PLAN**

The following information is intended to cover only the highlights of the CUPE Dental Plan. For more information, talk to a knowledgeable person in the CUPE office in Kenneth Taylor Hall, room B111, visit the CUPE website at <http://cupe3906.org>, or consult a copy of the CUPE 3906 Unit 1 Collective Agreement (available online).

1. **Who is covered** - Employees in Classification A (i.e., those employees holding an undergraduate degree) are eligible for coverage for any academic year, September 1 to August 31, in which they are contracted to work at least 130 hours. Employees who begin in January and are **not** scheduled to work 130 hours before August 31 are **not** eligible for coverage, as per the Collective Agreement.

2. **Premiums** – Premiums are normally deducted from pay cheques. If you are **not** receiving a pay cheque (or if premiums do not show as a deduction), please contact CUPE 3906. From September 1, 2014 to August 31, 2015 the premium cost per month is:

Individual	-	<b>\$8.93</b>
Family	-	<b>\$67.86</b>

***Please note that, as of fall 2014, your premiums will ONLY be collected from your TA/Ra in Lieu employment pay (NOT your academic funding). If you don't have a TAsip in September but are eligible for CUPE dental benefits, you may make alternative arrangements to pay your monthly dental premiums by contacting the School of Graduate Studies (Gilmour Hall Room 212) by September 8, 2014. Your dental deduction amounts may not appear as uniform deductions on each of your paystubs. For more information on changes to the collection of your dental premiums, please visit <http://cupe3906.org> or contact the Union office or the School of Graduate Studies.***

...continued on reverse...



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3. **Opt-out Provisions** - You may opt-out of the Dental Plan by completing the 'CUPE DENTAL PLAN OPT-OUT AUTHORIZATION' and by providing the required **proof of coverage** [normally a letter or Insurance ID card from the employer or insurance provider, which **clearly** indicates that dental coverage is in effect for **you** (i.e., **your name** is listed on the document)]. Once approved, the opt-out will remain in effect until August 31, 2015. If this coverage is cancelled, you should contact CUPE to discuss your options. You must submit the 'OPT-OUT' form and 'proof of coverage' to the CUPE 3906 Office (Kenneth Taylor Hall B111) by **Monday September 8, 2014**. Opt-outs must be completed **EACH YEAR** to keep your opt-out status valid. ***Please note that the opt-out deadlines adhere strictly to the September change in coverage period regardless of any changes to the schedule of your premium payments via Grad Studies Payroll.***

4. **Family Coverage** - Family coverage is available for both spouse (married, common-law, or same sex) and children. To activate coverage, complete the 'CUPE DENTAL PLAN FAMILY COVERAGE ENROLLMENT AUTHORIZATION' and the attached dependent information form. Once approved, family coverage will remain in effect until August 31, 2015. You must submit the form to the CUPE 3906 Office (Kenneth Taylor Hall B111) by **Monday September 8, 2014**, and forms must be completed **EACH YEAR** in order to keep your family coverage valid. Any change(s) to those enrolled must be made through CUPE 3906. ***Please note that the deadlines for family enrolment adhere strictly to the September change in coverage period regardless of any changes to the schedule of your premium payments via Grad Studies Payroll.***

5. **Deadlines - Changes/renewal of coverage status must be made every year and are permitted only in September.** Please ensure the completed forms and any required documents are submitted to the CUPE 3906 Office by **September 8, 2014** to ensure that your status is effective September 1. **'Opt-Out' or 'Family Coverage' forms received by September 8 will take effect on September 1. Submissions received from September 9 to September 30 will take effect on October 1. Except in exceptional circumstances, there will be NO changes permitted after September 30. Please note that this is still the case regardless of any changes to member premium collection schedules due to the implementation of the MOSAIC payroll system.**

CUPE Dental Plan forms, including opt-out, family coverage and claim forms, are available at the CUPE 3906 Office (Kenneth Taylor Hall B111), or in PDF format at <http://cupe3906.org>.



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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:	<b>CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR.</b>
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 **MUST** be completed and returned to the CUPE 3906 Office (Kenneth Taylor Hall, B111) by September 8, 2014 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.