



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)

---

**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...



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

---

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>.



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):	<b>CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY YEAR.</b>
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 \$67.86, 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 \$814.32 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 <b>McMaster University STUDENT</b> number.
3	DISABLED - YES OR NO - if you have a <b>disabled</b> child <b>over</b> 21 years living at home enter Y(es), otherwise N(o).
4	OVERAGE DEP. - if you have a dependent child <b>over</b> 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 <b>Dependents</b> are <b>A</b> (ctive). <b>T</b> (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, <b>UNLESS</b> your status (Married/ Common Law) changed <b>AFTER</b> 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.