Kenneth Taylor Hall B111, McMaster University
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CUPE 3906 DENTAL PLAN:
POSTDOCTORAL OPT-OUT AUTHORIZATION

Please complete the following and attach necessary proof of coverage.

Name (please print):	
Employee Number:	
Department:	
Date:	**E-mail Address:**

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 proof that I am covered under his/her dental plan, a copy of which is attached.

Signature _____ **Date:** _____

Option 2 - Opting out of the Dental Plan because of Other coverage:
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.

Signature _____ **Date:** _____

IMPORTANT

Opt-Out forms MUST be completed within 30 days of the start of your contract (for new Post-Docs) or during the 30-day change of coverage period (for returning Post-Docs) and returned to the CUPE Office (Kenneth Taylor Hall B111). Barring exceptional changes in circumstance no changes may be made until the next change of coverage period. The 30 day change of coverage period begins on anniversary of the first day of your contract.

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.**

CUPE Local 3906 Authorization: We certify that to the best of our knowledge the above claimant is a member in good standing and is entitled opt-out under the rules of the dental plan.

Signature: _____ Date: _____

Position: _____