CUPE 3906 / Canadian Union of Public Employees

CUPE 3906 DENTAL PLAN:
UNIT 2 (Sessional Faculty & HRSMF) OPT-OUT AUTHORIZATION

Please complete the following and attach the Direct Deposit Payment Information form along with any necessary proof of coverage.

Name (Please Print):
Student/Employee Number:
Department:
Date:
E-mail:
PLEASE NOTE: CHANGE OF COVERAGE STATUS FORMS MUST BE COMPLETED EVERY ACADEMIC YEAR!

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 3906 Dental Plan. I understand that in order for me to opt out, I **must** provide, from my spouse's employer or insurance company, proof that I am covered under their 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 my spouse's dental plan, I wish to opt out of participation in and coverage under the CUPE 3906 Dental Plan. I understand that in order for me to opt out, I **must** provide, from my spouse's employer or insurance company, proof that I am covered under their 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, a direct deposit payment form, and accompanying documentation MUST be completed and returned to the CUPE 3906 Office (Kenneth Taylor Hall, B111) by October 1st, 2019. Any premium refunds will be returned by the Prosure Group within 30 days of Prosure's receipt of premium payment. *No opt-outs for fall Unit 2 Members are permitted after October 1st, 2019.*

PLEASE NOTE: Your signature on this form confirms that the documentation that accompanies it is accurate and meets the above criteria.

CANADIAN UNION OF PUBLIC EMPLOYEES, LOCAL 3906
Kenneth Taylor Hall B111, McMaster University
1280 Main Street West, Hamilton, Ontario, Canada L8S 4M4
http://cupe3906.org

UNIT 2

DIV 203

DIRECT DEPOSIT PAYMENT INFORMATION FOR CUPE 3906 UNIT 2 DENTAL REFUND

To ensure the accuracy of our account information, please complete and sign this form and attach a void cheque or bank printout confirming your account information.

Payee Name:

Address:

City Province Postal Code

Phone: (____) _____ E-mail : _____

Signature: _____ Date: _____

Please deposit any amount(s) payable to me directly to my bank account as follows:

Name of financial institution:

Address of financial institution:

City Province Postal Code

ACCOUNT INFORMATION: (COMPLETE ONE ONLY)
CAD$ Account

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Bank Code Transit Number Account Number

PLEASE RETURN THIS FORM ALONG WITH YOUR UNIT 1 DENTAL OPT OUT AUTHORIZATION FORM TO THE CUPE 3906 OFFICE.

Valued Vendor

Sessional Faculty and Hourly Rated Sessional Music Faculty