



UNIT 2

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DIV 203

## CUPE 3906 DENTAL PLAN: OPT-OUT AUTHORIZATION

**PLEASE NOTE! THIS FORM \*MUST\* BE SUBMITTED WITH THE FOLLOWING OR IT WILL NOT BE PROCESSED (Please check ✓ the following):**

**PROOF OF ALTERNATE COVERAGE (a non-GSA insurance card or insurance statement with your name on it)**

Last Name (please print):	First Name (please print):
Student/Employee Number:	
Department:	<b>CHANGE OF STATUS FORMS MUST BE COMPLETED EVERY ACADEMIC 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: \_\_\_\_\_

**OR Option 2 - Opting out of the Dental Plan because of other coverage (e.g., 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, a direct deposit payment form and accompanying documentation **MUST** be completed and returned to administrator@cupe3906.org by May 25, 2026. *No opt-outs are permitted after May 25, 2026, for employees who work in the Spring/Summer 2026 term. Please note that we can no longer accept opt-outs for employees who worked in the Fall 2025 or Winter 2026 term.***

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

