



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 2 FAMILY COVERAGE ENROLMENT

Please complete the following:

|                      |   |
|----------------------|---|
| Name (please print): | <b>CHANGE OF STATUS FORMS<br/>MUST BE COMPLETED EVERY<br/>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 (\$170.00) and family premium (\$726.00) as well as my normal contributions toward premium and administrative costs. The annual total owed by me for this benefit will be \$556.00 after the Employer dental deduction (\$170.00) and will be deducted by The Prosure Group. I understand I will need to complete a separate pre-authorized payment form that will be provided to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the attached form for all family members to be enrolled along with the Prosure Group Pre-Authorized Payment form.**

**PLEASE NOTE:** These names will be passed on to Equitable Life of Canada and the Prosure Group to ensure coverage. A copy of this form will be kept by CUPE 3906.

**THIS FORM MUST BE SUBMITTED NO LATER THAN May 30, 2025 FOR UNIT 2 MEMBERS WHO ARE EMPLOYED IN THE Spring/Summer 2025 ACADEMIC TERM (AND WERE NOT EMPLOYED IN THE FALL 2024 or Winter 2025 TERM).**

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

mm/dd/yy

|   |   |
|---|---|
| 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, UNLESS 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.



Prosure Group is a People Corporation company.

Benefits Consultin  
Administration  
Spending Account

2225 Sheppard Ave East,  
Suite 1400  
Toronto, ON M2J 5C2

toll  
tel  
fax

1.888.556.5559  
416.609.0989 Ext.5330  
416.609.9551

## PRE-AUTHORIZED PAYMENT FORM

**PLAN NAME :** **CUPE 3906 UNIT 2 DENTAL PLAN**

**PLAN MEMBERS NAME:** \_\_\_\_\_

**BANK #:** \_\_\_\_\_ **TRANSIT #:** \_\_\_\_\_

**ACCOUNT #:** \_\_\_\_\_

I hereby authorize The Prosure Group to deduct my family dental premium from my account, indicated above.

The premium will be deducted in two monthly installments of \$278.00 starting February or March 2025.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please attach a void cheque or a bank printout verifying your account information and return it along with your Family Dental application and information form to [administrator@cupe3906.org](mailto:administrator@cupe3906.org) by the deadline.