

ADD SPOUSE AND/OR DEPENDANT COVERAGE (FOR EXTENDED HEALTH CARE AND DENTAL)

PERSON ID

College Pension Plan
PO Box 9460
Victoria, BC V8W 9V8

Web: college.pensionsbc.ca

Toll-free (Canada & U.S.): 1-866-322-8277

Instructions

- Complete if you are a retired member and have existing coverage and would like to add a spouse/dependant(s).
- Completed form must be received in College Pension Plan within 60 days of eligibility.
- Once completed, **sign** and return the form to our office by mail.
- See page 2 for important information.

Part A—Personal information *(must be completed)*

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE <i>(include ten digits)</i>	DATE OF BIRTH YYYY-MM-DD
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X	EMAIL			
RESIDENTIAL ADDRESS <i>(include unit number, if applicable)</i>			ADDRESS LINE 2 <i>(if necessary)</i>	
CITY			PROVINCE	POSTAL CODE
MAILING ADDRESS—if different from residential address <i>(include unit number, if applicable)</i>			ADDRESS LINE 2 <i>(if necessary)</i>	
CITY			PROVINCE	POSTAL CODE

Spouse—Complete if adding spouse

<input type="radio"/> Date of marriage <i>(attach copy of marriage certificate if marriage occurred within 60 days of submitting this form)</i>	YYYY-MM-DD
OR	
<input type="radio"/> Date commenced living together in a marriage-like relationship <i>(see page 2 "What you need to know" for eligibility)</i>	
OR	
<input type="radio"/> Date permanent residency granted <i>(attach copy of permanent residency document and see page 2 "What you need to know" for eligibility)</i>	

Part B—Spouse/Dependant coverage information

(check Extended Health Care (EHC)/Dental box(es) for each spouse/dependant if applying for coverage)

FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE OF BIRTH (YYYY-MM-DD)	GENDER	NAME OF SCHOOL AND TERM START DATE OR DETAILS OF DISABILITY,* OR ADOPTION **	EHC	DENTAL
Spouse				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X		<input type="checkbox"/>	<input type="checkbox"/>
First child				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X		<input type="checkbox"/>	<input type="checkbox"/>
Second child				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X		<input type="checkbox"/>	<input type="checkbox"/>

* Complete if child is over age 19, under age 25 and attending school full time, or is disabled.

** If adding a child other than your natural child, provide the date you legally became the child's guardian and attach legal documents.

Attach a separate sheet to specify additional dependants.

To be valid, the additional sheet must include your printed name and signature, dated with the same date written on this form.

Freedom of Information and Protection of Privacy Act—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

Part C—Other coverage

Complete this section if you previously waived coverage for your spouse/dependant(s) and are applying after the 60-day enrolment period.

Was your spouse/dependant(s) covered within the last 12 months or are they presently covered under another group EHC or dental plan? ☐ No ☐ Yes, complete below

INSURANCE COMPANY NAME	GROUP / POLICY NO.	ID / CERTIFICATE NO.
BENEFITS COVERED UNDER OTHER PLAN <input type="checkbox"/> EHC <input type="checkbox"/> Dental	IS THE PLAN STILL ACTIVE <input type="radio"/> Yes <input type="radio"/> No, termination date YYYY-MM-DD	

FOR OFFICE USE ONLY

Part D—Consent and signature

By signing this enrolment form or providing my personal information to the Pension Corporation, I confirm that the information is complete and accurate to the best of my knowledge. I am authorized to release personal information concerning my spouse and my dependants, for purposes of determining eligibility for benefits and any other services necessary in the administration of my benefits. I certify that I am authorized by my spouse and/or dependants to disclose and receive personal information about them that is used for these purposes. I agree that the Pension Corporation may share the personal information with Green Shield Canada, and Green Shield Canada may share the personal information with a third party for the administration of benefits for myself and my dependants. I agree that my email address may be used, if provided, to correspond with me for benefit purposes.

For information on the privacy policies of the Pension Corporation, visit college.pensionsbc.ca. For information on Green Shield Canada's Privacy Policy visit greenshield.ca/en-ca/privacy-policy or call Green Shield Canada at 1-888-711-1119.

I understand group benefit coverage is a contingent benefit of the plan. That is, the EHC and dental benefits are not guaranteed. The coverage may be changed at any time by the College Pension Board of Trustees, including, but not necessarily limited to, increasing, decreasing or eliminating (a) coverage for people and benefits, or (b) amounts for premiums and deductibles. If my pension payment is sufficient to cover my premium(s), I authorize the College Pension Plan to deduct this amount from my pension cheque. If I should receive a settlement or a judgment against a liable third party for benefits covered under my group plan, I agree to and authorize the third party to reimburse Green Shield Canada up to the amount advanced to me pending such settlement or judgment.

RETIRED MEMBER SIGNATURE

(must be completed)

DATE SIGNED
YYYY-MM-DD

Definition of spouse and dependants (for extended health and dental purposes)

Spouse: A spouse is a person whom you are married to or living with in a marriage-like relationship.

If you are in a common-law relationship, you must live together for 12 months before being eligible to apply for extended health benefits and dental coverage for your spouse (unless you are claiming your spouse's children as dependants on your income tax return). If in a common-law relationship, you may be required to provide proof that you have been living in a common-law relationship for 12 months or more. If you leave one common-law relationship and enter another, you must wait 12 months after cancelling coverage for your first spouse and dependants before you can enrol another spouse and other dependants.

Your spouse is not entitled to health benefits if they are separated from you for other than health reasons.

Dependent child: A dependent child may be your natural child, stepchild, adopted child or legal ward (requires a court order, attach a copy). A dependent child must also be:

- not working more than 30 hours per week on a permanent (year-round) basis,
- not married or not living in a marriage-like relationship as common law,
- under 19 years of age, or under 25 years of age and attending an accredited school or university full time (minimum three courses per semester, including co-op programs, and online and correspondence courses) in a program leading toward a diploma, degree or certificate recognized in Canada (proof of school attendance will be required), or
- of any age with a mental or physical disability and accepted as a dependant for income tax purposes. The pension plan will verify eligibility with Green Shield Canada for disabled dependant(s).

What you need to know

- Your spouse and/or dependants must apply for medical coverage under the provincial health insurance plan.
- Continuous coverage since your retirement date is a condition of eligibility for spouse/dependant(s). For the purpose of this application, we require the details of insurance coverage for the past 12 months only.
- Coverage will be effective the first of the month following cancellation of previous coverage.
- If adding a new spouse and/or dependant you must apply within 60 days of:
 - your spouse or dependant becoming a permanent resident of Canada, or
 - termination of their benefits coverage under another plan, or
 - the date upon which you married or remarried (copy of marriage certificate required), or
 - the date upon which you and your common-law spouse have lived together for 12 months, or

- the date upon which an individual became your dependant (copy of legal document required).

- Coverage will be effective the first of the month following their eligibility date.
- Your spouse and/or dependant(s) must participate in the EHC and/or dental plan(s) for a minimum of 12 months.
- Some provinces charge tax on voluntary extended health care and voluntary dental insurance premiums.
- For more information visit our website at college.pensionsbc.ca.

Dependent student

- If you apply within 60 days of the student starting school, coverage will be effective the month the student becomes eligible.
- If it has been more than 60 days since the student started school, coverage will be effective the first day of the month after you apply for coverage.