

# OPTIONAL SPOUSE AND DEPENDENT GROUP LIFE INSURANCE ELECTION

Complete and submit this form to the Benefits Service Centre to elect this optional coverage for your spouse and/or dependent children. (Detailed instruction on next page.)

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

0	1	2	3	4	5	6	7	8	9			
A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

## PART A - EMPLOYEE INFORMATION

EMPLOYEE LAST NAME												FIRST NAME											
MINISTRY / EMPLOYER																							
SOCIAL INSURANCE NO.								DEPARTMENT ID (MIN - PAYLIST)								EMPLOYEE ID							
YY	YY	YY	YY	-	MM	MM	MM	-	DD	DD	DD	DD	-	DD	DD	DD	DD	DD	DD	DD	DD		
EMPLOYEE BIRTHDATE YYYY				MM		DD																	
YY	YY	YY	YY	/	MM	MM	/	DD	DD														

## PART B - COVERAGE ELECTION / EMPLOYEE AUTHORIZATION

**Instructions:** Mark only one of the following boxes with an X, fill in the Date Signed field, and provide your Signature.

Please enroll me in optional spouse and dependent group life insurance.  
 I do not want this coverage. (Evidence of insurability may be required if you enroll at a later date.)  
 I wish to cancel this coverage.

DATE SIGNED YYYY MM DD

EMPLOYEE SIGNATURE

## PART C - MINISTRY / EMPLOYEE CONFIRMATION OF ELIGIBILITY (if Enrollment requested)

**Instructions:** Mark only one of the applicable 'Reason for request' boxes with an X and complete the corresponding effective date below.

Became Regular  
 Became Auxiliary with benefits  
 Acquired first dependent

DATE BECAME ELIGIBLE/ACQUIRED FIRST DEPENDENT YYYY MM DD

Payroll Date Stamp

## PART D - MINISTRY / EMPLOYER CERTIFICATION

**Instructions:** Please complete and sign. Mail original form to the Benefits Service Centre.

AREA CODE ( ) PAY OFFICE FAX NO. -  
 AREA CODE ( ) PAY OFFICE TELEPHONE NO. -  
 CERTIFIED CORRECT - PRINT NAME (PAY OFFICE OFFICER)  
 DATE SIGNED YYYY MM DD  
 PAY OFFICE SIGNATURE

## Benefit Summary

- The optional spouse and dependent group life plan provides coverage for your spouse and/or your dependent children up to age 19 (age 24 for full-time students).
- Coverage is \$10,000 for your spouse and \$5,000 for each dependent child.
- You must enrol if you wish to cover your dependents under this plan.
- You are the beneficiary of this optional coverage.  
For more information, please visit: [www.gov.bc.ca/myhr](http://www.gov.bc.ca/myhr).

## Enrolment Deadline

- You can enrol for this coverage at any time. However, if the Benefits Service Centre receives your application within 90 days of the date you either (a) becoming eligible for benefits or (b) acquiring your first insurable spouse or dependent, you will not have to provide evidence of insurability.
- After this date, you will need to provide evidence of insurability to the insurance company and be approved for coverage.

## Questions?

- Call MyHR toll-free at 1 877 277-0772 if you have any questions.
- Additional forms are available from MyHR at: [www.gov.bc.ca/myhr](http://www.gov.bc.ca/myhr)

## Employee Instructions

- Complete Part A and Part B of the form.  
**Please be sure to sign and date the form in Part B.**
- Please print as clearly as possible.
- Do not use white out on the form. Cross out and initial any corrections you make (i.e., like you would do on a cheque).
- Do not use whiteout, etc., on the form. Cross out and initial the changes like you would do on a cheque.
- Please submit completed forms to the Benefits Service Centre in an **AskMyHR Service Request** (preferred), or by fax or mail.

**AskMyHr Service Request:**  
[www.gov.bc.ca/myhr/contact](http://www.gov.bc.ca/myhr/contact)

**Fax:** 604-320-4031

**Mail:**  
Benefits Service Centre  
Block E, 2261 Keating Cross Road  
Saanichton BC V8M 2A5

### **Freedom of Information and Protection of Privacy Act (FOIPPA)**

The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA Section 26(c)*. Questions about the use and collection of this information can be directed to the Privacy Officer at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.