



Where ideas work

ENROLMENT / CHANGE / TERMINATION FORM EXTENDED HEALTH CARE & DENTAL PLAN



Please type or print as legibly as possible. Submit completed forms to the Benefits Service Centre for processing.

EMPLOYEE ID, SOCIAL INSURANCE NO. (Optional), TYPE OF REQUEST (New Application, Change to Existing Coverage, Terminate Employee's Coverage), TERMINATION DATE, LAST NAME, FIRST NAME, MIDDLE INITIAL, BIRTHDATE, GENDER, NAME OF MINISTRY / EMPLOYER, WORK PHONE NO., HOME ADDRESS, POSTAL CODE, HOME PHONE NO., FORMER NAME, MEDICAL SERVICES PERSONAL HEALTH NO.

Are you currently covered for Extended Health and Dental under the BC Public Service Group Policy 50088 (e.g., spouse's plan)? If so, please provide: IDENTIFICATION NO., BENEFITS COVERED? (EH, DENTAL)

Adding or Changing Dependents
1) If adding student age 19 or over, record name of school or university attending full time and enrolment date.*
2) If child is disabled, confirm that Canada Revenue Agency Form 2201E has been filed and accepted.
3) If adding adopted child or ward, provide date you legally became the child's guardian and attach legal documents.
4) If changing dependent's name, indicate former name.

ADD / CHANGE / TERMINATE DEPENDENTS
ADD DEPENDENT, CHANGE TO DEPENDENT INFORMATION, TERMINATE DEPENDENT
Complete only if you are adding your legal or common law spouse
DATE OF: MARRIAGE, CO-HABITATION, SPOUSE'S SOCIAL INSURANCE NO. (Optional)

Table with 10 columns: DEP. NO., FIRST NAME, INITIAL, LAST NAME (Only if different from employee's), RELATIONSHIP TO YOU, GENDER (M - MALE / F - FEMALE), BIRTHDATE, TERMINATION DATE, PERSONAL HEALTH NUMBER, COMMENTS / DETAIL* (e.g., School name and term start date)

BENEFITS SERVICE CENTRE USE ONLY
DIVISION, CLASS, EFFECTIVE DATE OF COVERAGE, DATE OF EMPLOYMENT, DATE EMPLOYEE BECAME REGULAR, DATE REQUIRED AUXILIARY HOURS REACHED OR WOULD HAVE BEEN REACHED IF EARLIER THAN THE SIX MONTH WAITING PERIOD

CERTIFICATION - I certify that all statements and answers included on this form are true and complete. By providing my Social Insurance Number, I authorize the BC Public Service to use it for identification purposes only. INDICATE (✓) IF APPLICABLE: I am living in a marriage like relationship, I have care and custody of the dependent children, My former spouse has care and custody of the above mentioned dependent(s) and is not eligible for extended health or dental coverage. EMPLOYEE SIGNATURE, DATE SIGNED

Benefit Coverage for Your Spouse and Dependents

Employee benefits available to you as an eligible employee of the province can be extended to:

- a married or common-law spouse (same or opposite sex) who is living with you;
- an unmarried child, stepchild, adopted child or legal ward, mainly supported by you, who is a dependent for income tax purposes, and who is:
 - under 19, or
 - under 25 and in full-time attendance at a school, university or vocational institution which provides a recognized diploma, certificate or degree, or
 - a dependent child of any age who, because of mental or physical infirmity, is accepted as a dependent for income tax purposes.
- if your dependent children reside with a former spouse and the former spouse is not eligible for coverage under the Extended Health, Dental and Medical Plan of BC, then you may continue coverage under your plan.

Coverage of a common-law spouse – and any eligible dependents – is effective on the date when the employee's coverage is effective, or the first of the month following the date the change application is signed, whichever is later, if:

- you sign the certification that you are living in a common-law relationship; or
- you and your common-law spouse have been co-habiting at least 12 months before your coverage is effective, or
- you and your common-law spouse have been co-habiting less than 12 months prior to your effective date and have claimed your common-law spouse's children for income tax purposes.

Once a common-law spouse has been enrolled in the benefit plan, a different common-law spouse and any eligible dependents may be enrolled in the plan 12 months after you cancel coverage for the previous common-law spouse and applicable dependents.

Adding Dependents

Should an eligible dependent be added after your initial enrolment, coverage begins on the first day of the month following the date the change application is signed.

Coverage for a newborn child is effective from the date of birth. For dependents such as a legal ward or adopted child, a photocopy of court papers or legal documents must be attached to the Enrolment/Change/Termination form. Coverage begins on the date the child legally becomes your ward or child.

Cancelling Spouse

You are responsible for cancelling your spouse when:

- he/she no longer meets the eligibility criteria for common-law spouse; or
- he/she is no longer living with you; or
- you are formally separated; or
- you are divorced.

Cancelling Dependents

You are responsible for cancelling dependent coverage for children who are no longer eligible for coverage as dependents when they:

- marry or live common-law; or
- are no longer supported by you and no longer a dependent for income tax purposes; or
- start full-time employment; or
- reach age of majority, currently set at age 19 for extended health and dental benefits; or
- live with your former spouse and your former spouse is eligible for extended health and/or dental and/or Medical Services Plan coverage.

Coverage for a dependent child will automatically end on the date your child turns 19 unless you certify that the child is in full-time attendance at a school, university or vocational institution that provides a recognized diploma, certificate or degree. Before your child turns 19, you will receive a Confirmation of Eligibility form from Great-West Life. Complete and submit this form to the Benefits Service Centre in an **AskMyHR Service Request** (see address below).

In subsequent years, submit an **AskMyHR Service Request** to re-certify your dependent child's full-time student status.

When You Have Completed the Form

Please submit to the **Benefits Service Centre** by:

- **AskMyHr Service Request:** www.gov.bc.ca/myhr/contact
- **Fax:** 604-320-4031
- **Mail:** Block E, 2261 Keating Cross Road, Saanichton, BC V8M 2A5

Questions?

Contact the Benefits Service Centre toll-free at **1 877 277-0772** if you have any questions.

Freedom of Information and Protection of Privacy Act (FOIPPA) This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.