

# OPTIONAL SPOUSE AND DEPENDENT GROUP LIFE INSURANCE ELECTION

This form is used to select basic insurance coverage for your spouse and/or dependents.

**See the instruction page for further details.**

**When completed, mail to your pay office. Your pay office will forward to the Benefits Service Centre.**

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

EMPLOYEE BIRTHDATE  /  /

YYYY MM 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 dependents up to age 19.
- This coverage must be applied for and has a present cost of \$2.00 per month regardless of the number of individuals covered. The cost of the coverage is subject to change.
- Coverage is \$10,000 for your spouse and \$5,000 for each dependent.
- You are the beneficiary of this optional policy coverage. For more information, refer to the Benefits Web site: [www.bcpublicservice.ca/benefits](http://www.bcpublicservice.ca/benefits).

## Application for Coverage

- The open enrollment period for the optional spouse and dependent group life coverage is 90 days after becoming eligible for group life coverage or after acquiring your first dependent (spouse or child).
- After the 90 day open enrollment period is over, you may still apply for this coverage. However, you will need to provide evidence of insurability to the insurance company and be accepted for coverage.

## Questions?

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

## Form Processing – Employee

- **Please use original forms only. Forms are machine processed so photocopies are not acceptable.**
- Additional forms are available on the Internet at: [www.bcpublicservice.ca/benefits](http://www.bcpublicservice.ca/benefits).
- Complete Part A and Part B of the form. Make sure you sign and date the form in Part B and **forward to your pay office.**
- Do not use whiteout, etc., on the form. Cross out and initial the changes like you would do on a cheque.
- Care in printing clearly and carefully, one character per box and staying within the boxes without touching the sides, will assist us to enroll you in this coverage as soon as possible.

## Form Processing – Pay Office

- You must complete Part C – Confirmation of Eligibility and Part D – Certification.
- Original is mailed to:  
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*. Questions about the use and collection of this information can be directed to the FOI Designate 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.