



THE UNIVERSITY OF LETHBRIDGE

Extended Health and Dental Benefits Form

Complete this form, sign and return to human.resources@uleth.ca within 31 days of becoming eligible for coverage. You may wish to retain a copy for your records. Inform Pension & Benefits of any changes in your family status (i.e. new dependents, change of dependents status, etc.) at pension.benefits@uleth.ca.

Initial Enrollment Change

Effective Date (HR use only)

1. Employee Information

Last Name First Name Employee ID Date of Birth Gender

2. Required Family Information for Extended Health and Dental Benefits

Eligible Employees with an eligible spouse and children must enroll for Family coverage. See General Provisions on page 2.

	Last Name	First Name	Middle Initial	Date of Birth	Gender	Relationship Code
Spouse						
Dependent						
Dependent						
Dependent						
Dependent						
Dependent						

3. Coordination of Benefits (COB)

If your spouse has Extended Health and/or Dental coverage under another group plan, you can combine the benefits coverage. This allows a plan member to receive up to the maximum eligible amount for eligible prescription drug, dental and health COB claims.

Call Alberta Blue Cross Customer Services for assistance with COB or any aspect of your Alberta Blue Cross benefits Toll Free 1-800-661-6995

4. Opting Out due to duplicate Extended Health and/or Dental Benefits

If you are covered for similar benefits under another plan, you may choose to opt out of the University of Lethbridge Extended Health and/or Dental benefits for yourself and your dependents. Attach a copy of the other coverage card.

I wish to opt out of Extended Health benefits for myself and my dependents.

I wish to opt out of Dental benefits for myself and my dependents.

Spouse Employer Spouse Insurance Company Policy Number Spouse's ID number

I understand that if benefits have been waived, I will not be able to re-enroll for these benefits at a later date without proof of loss of other coverage. In the event this other coverage is discontinued, I agree to become covered under the group policy carried by the University for the above waived benefit(s) within 31 days of the end of the other coverage. If I do not, I may have to provide medical evidence of insurability to be covered at any later date.

5. Employee Authorization

I hereby apply for insurance under the group policy carried by the University of Lethbridge subject to all the terms, conditions and provisions of said policy. The foregoing answers are, to the best of my knowledge and belief, true, complete and correctly recorded. If a contribution towards the premium is required, I authorize the necessary deductions from my earning.

Employee Signature _____ Date

The personal information collected on this form is subject to the provisions of the Alberta Freedom of Information and Protection of Privacy Act 9FOIPP) and is collected for the purpose of administering benefit/pension programs for employees. Information collected may be forwarded to the corresponding institutions for the purpose of administering the programs. If you have any questions about the collection of this information, contact Human Resources, University of Lethbridge, 4401 University Drive, Lethbridge. Alberta, T1K 3M4, phone 329-2274.

General Provisions

Dependent

The Member's eligible Spouse and Children as defined below.

1. Spouse shall mean a person who is legally married to the Member, or who is not legally married to the Member but has continuously resided with the Member for not less than 12 consecutive months having been represented as members of a conjugal relationship (common-law).

The Member requesting coverage for a common-law spouse must complete a Domestic Partner and Spousal Declaration form. Unless such written request is made, the person legally married to the Member shall be considered to be the covered spouse. Discontinuance of cohabitation with the Member shall terminate coverage of the common-law spouse.

The Member cannot claim a status of legally married and common-law at the same time. Only 1 spouse, as defined above, can be covered during any 1 period of time.

2. Children shall mean the Member's natural, adopted or stepchildren of the Member or Member's Spouse; or any other children for whom the Member or Member's Spouse has been appointed guardian. Such children must be:
 - (a) unmarried,
 - (b) dependent on the Member for financial care and support,
 - (c) less than 21 years of age; or, if 21 years of age but less than 25 years of age, they must be attending an accredited educational institution, college or university on a full-time basis,
 - (d) unemployed or working less than 30 hours per week unless they are in full-time attendance at an accredited educational institution, college or university.

Unmarried and unemployed children over 21 years of age shall qualify, if they are dependent upon the Member by reason of a mental or physical disability and have been continuously disabled prior to attaining age 21. Unmarried children who become totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to their attaining age 25 and have been continuously disabled since that time shall also qualify as a Dependent.

A child is considered to be mentally or physically disabled if he is incapable of engaging in any substantially gainful activity and is dependent on the Member for support, maintenance and care due to this disability. Blue Cross may require written proof of the Dependent's condition as often as may reasonably be necessary.

The children of the Member's common-law spouse shall be covered provided the children are dependent upon the Member for financial care and support.

All changes to add or delete eligible Dependents must be made in writing to pension.benefits@uleth.ca.