

Family Status Form
Flexible Benefits Plan Preliminary Information

Please return this form to the Payroll & Benefits Office within one week so the Flexible Benefits Enrolment Package can be prepared and sent out to you.

Employee Information

Employee's Last Name	First Name	Initial	Care Card No.:		
			SIN:		
Street Address			Birthdate		Gender
			dd	mm	yy
			Male		Female
City		Province	Postal Code		
Email Address					

Family Status

Please list your eligible dependents. This information will be used to determine your Family status for coverage.

Dependent's First Name	Initial	Last Name	Birthdate dd mm yy	Gender	Relationship	Provide name of school below if child is over 21 and studying full-time. If child is handicapped, state the nature of disability and attach full details

If you have any questions, please contact the Benefits Specialist at Benefits@sd61.bc.ca

I hereby confirm the above information is complete, true and correct. I acknowledge that it is my responsibility to inform the Payroll & Benefits Office if there is a change of eligibility to any of my dependents.

Employee's Signature:

Date:
