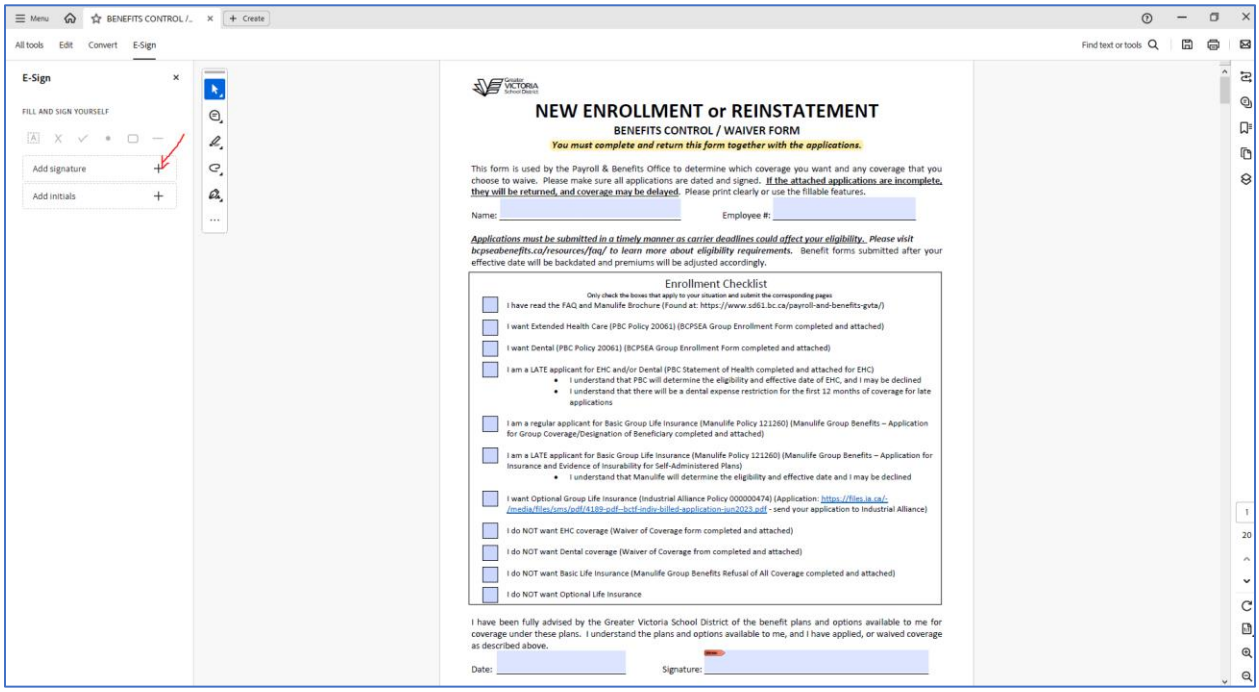
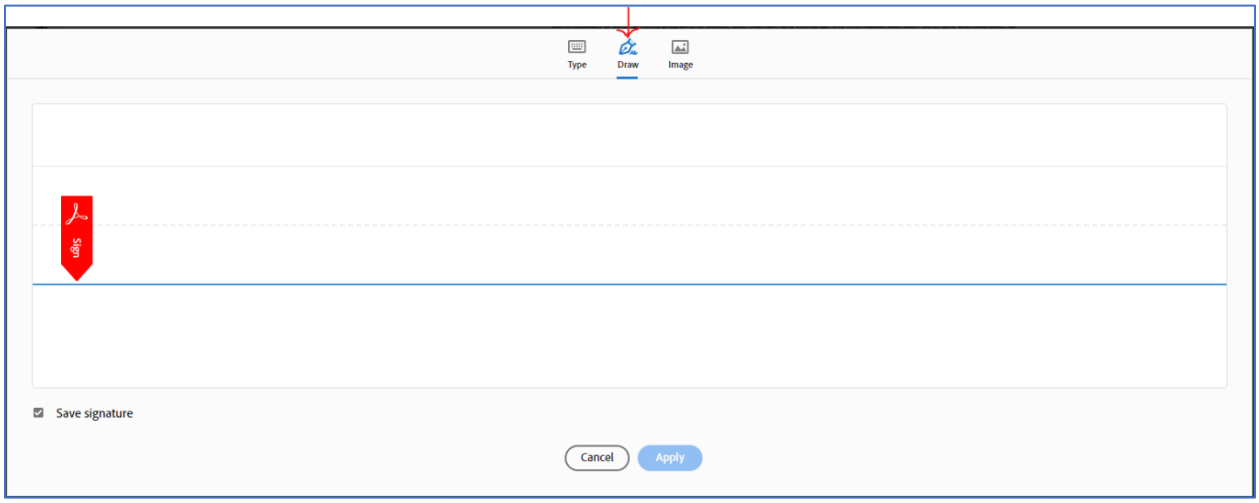
How to fill in and submit your benefits forms in 9 steps (add a baby)

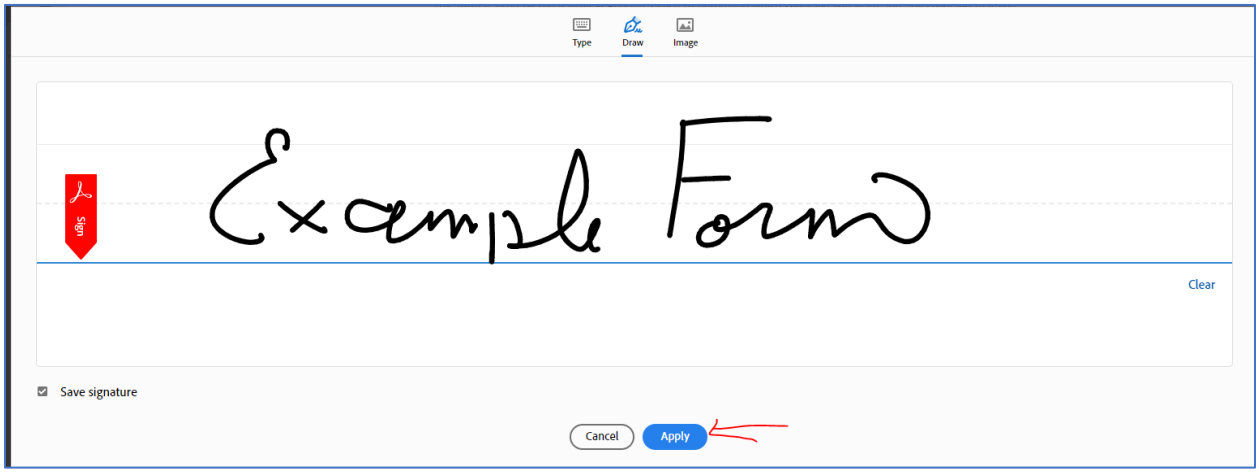
1) Download and read the FAQ from the website: https://www.sd61.bc.ca/payroll-and-benefits-gvta/.
2) Download and read through the Addition of Eligible Dependents application package.
3) Open the blank form with Adobe.
4) Create a signature in Adobe.
    a. Select E-sign; Add signature.



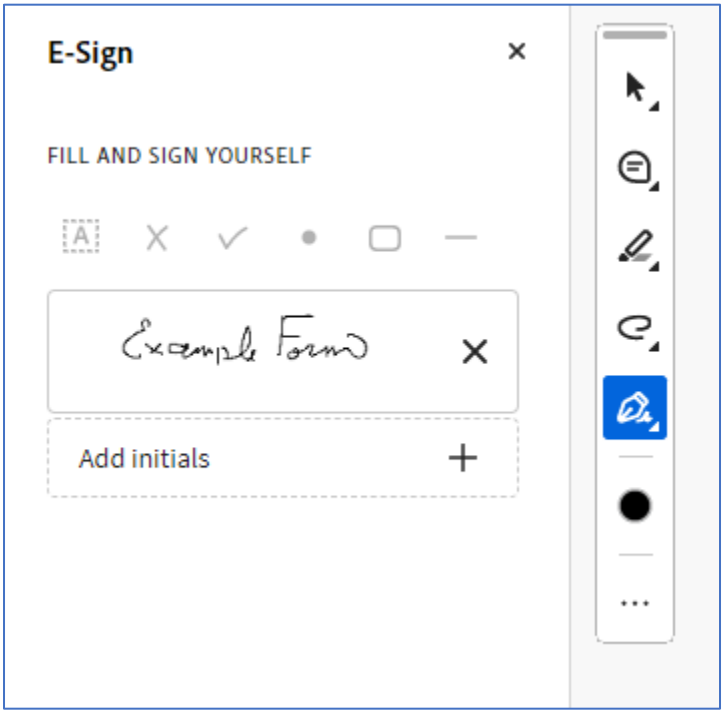
    b. Select Draw.



c. Use your mouse, or finger, to draw your signature and select Apply.



d. Your signature is now saved for use when you select the Fill and Sign option.



e. If you cannot sign with a drawn digital signature, please print your completed forms and sign in ink before scanning them to yourself and then emailing to benefits@sd61.bc.ca.

5) After you have read and understood the FAQ, complete the cover sheet:
    a. Add you name and employee number.
    b. Select the benefits you want or do not want.
    c. Date and sign the form – with the signature you created or print and sign in ink.

Greater VICTORIA School District

ADDITION OF ELIGIBLE DEPENDENTS

BENEFITS CONTROL / WAIVER FORM

You must complete and return this form together with the Change Forms.

This form is used by the Payroll & Benefits Office to determine which coverage you want for your dependent(s) and any coverage that you choose to waive. Please make sure all applications are dated and signed. **If the attached applications are incomplete, they will be returned, and coverage may be delayed.** Please print clearly or use the fillable features.

Name: Example Form Employee #: 2xxxxx

Applications must be submitted in a timely manner as carrier deadlines could affect your eligibility. Please visit bcpseabenefits.ca/resources/faq/ to learn more about eligibility requirements. Benefit forms submitted after your effective date will be backdated, and premiums will be adjusted accordingly.

Eligible dependents include your spouse, and any unmarried dependent children. Legal, common-law, and same sex spouses are eligible. Common-law spouses are eligible after cohabitation for a period of one year.

Enrollment Checklist

Only check the boxes that apply to your situation

- ☐ I am enrolling an eligible student (I have read the Over-age Dependent rules and I have attached a confirmation of enrollment letter from the post-secondary institution)
- ☐ I am enrolling a Common-Law Spouse (Common – Law Spouse declaration completed and attached)
- ☑ I want Extended Health Care for my dependents (PBC Policy 20061) (BCPSEA Group Insurance Changes attached)
- ☑ I want Dental for my dependents (PBC Policy 20061) (BCPSEA Group Insurance Changes attached)
- ☐ My dependents have lost coverage from another plan (Transfer Form completed and attached)
- ☐ This is a LATE application (Statement of Health completed and attached for EHC)
    - I understand that PBC will determine the eligibility and effective date of EHC for my dependent and that they maybe declined
    - I understand that there will be a dental expense restriction for the first 12 months of coverage for late applications
- ☐ My dependents do NOT need EHC coverage (Waiver of Coverage form completed and attached)
- ☐ My dependents do NOT need Dental coverage (Waiver of Coverage form completed and attached)

I have been fully advised by the Greater Victoria School District of the benefit plans and options available to me for coverage under these plans. I understand the plans and options available to me, and I have applied, or waived coverage as described above.

Date: 09-Sep-2024 Signature: Example Form

The information collected on this form is required and will be used by School District No. 61 solely for purposes of benefit plan administration. It will be kept secure and confidential in accordance with the Freedom of Information and Protection of Privacy Act.
The information will also be used by the organizations that provide the benefits plans, as explained on the form that is used by the plan carrier. Any questions concerning the collection or use of this information by the School District may be addressed to: Payroll and Benefits Coordinator, Greater Victoria School District No. 61.

6) Complete the Group Insurance Changes Form for extended health and dental (1 page)

You MUST complete this form

BRITISH COLUMBIA PUBLIC SCHOOL EMPLOYERS' ASSOCIATION

The appropriate section(s) below should only be completed as changes to the reverse side are required. **Please return this form to your District Benefits Administrator once completed.** The benefits administrator should file this form for future reference.

Group Insurance Changes

Part 1: Employee Identification

Employee's Last Name	First Name	Initial	ID Number	Provincial Health Plan Number (Care Card)
Form	Example	T.	2xxxxx	

Part 2: Change in Family Status

Change of coverage requested due to the following "event": — Date of Event (M/D/Y): 01-Jun-2024

☐ Marriage ☐ Cohabitation ☐ Divorce ☐ Separation ☐ Death ☑ Birth

☐ Other (specify):

Revised Extended Health Coverage: ☐ Single ☐ Couple ☑ Family ☐ Waived (attach Waiver of Coverage form)

Revised Dental Coverage: ☐ Single ☐ Couple ☑ Family ☐ Waived (attach Waiver of Coverage form)

Add	Delete	No.	Dependant's First Name (Spouse and/or Children)	Initial	Last Name (if different from Employee)	Birthdate (M/D/Y)	Relationship (Married, Common Law, Child - Minor, Child - Student)	Gender (M/F)	Provide name of school and student number if child is over 21 and studying full-time. If child is disabled, indicate "disabled" in this section and attach the approved CRA/PWD (Persons with Disability) document. If adding an adopted child, provide date of adoption. If adding a legal ward, provide court document.
◉	○		Jr. T Form			06/01/2024	Minor	F	
○	○								
○	○								
○	○								

Part 3: Change to Spousal or Other Coverage

Change of ☐ Dental ☐ Extended Health coverage requested due to: — Date of Change (M/D/Y):

☐ Spouse's plan terminated – enroll on BCPSEA plan (ensure Group Insurance Application is up to date or note additions on this form)

☐ Transferring to Spouse's plan - terminate from BCPSEA plan by completing Waiver of Coverage Form. Spouse's policy number: _____

Revised Extended Health Coverage: ☐ Single ☐ Couple ☐ Family ☐ Waived (attach Waiver of Coverage form)

Revised Dental Coverage: ☐ Single ☐ Couple ☐ Family ☐ Waived (attach Waiver of Coverage form)

Part 4: Change of Beneficiary Designation

New Beneficiary - Last Name	First Name	Initial	Share of Proceeds	Relationship	Name of Trustee for Beneficiaries Under 18
			%		
			%		
			%		

To which benefit(s) does this change apply? ☐ All applicable benefits, or: ☐ Basic Life ☐ Optional Life ☐ Basic AD&D ☐ Optional AD&D

Part 5: Change of Name

Previous Last Name	First Name	Initial	Date of Change (M/D/Y)
New Last Name	**First Name**	**Initial**	☐ Employee ☐ Dependant

Part 6: Change of Employee's Address

Apt / Unit Number	Street Address	Date of Change (M/D/Y)

City	Province	Postal Code	Phone Number
			( )

I hereby confirm the above information is complete, true and correct. I understand that if this application is completed more than 31 days after any change in family status, satisfactory evidence of insurability will be required to add dependants to this plan. I reserve the right to change my beneficiary at any time.

Employee Signature: Example Form — Date Signed (M / D / Y): 09-Sep-2024

7) Double check that you have filled in and signed all required spaces on your forms.
    a. If your baby is older than 4 months you must also include the statement of health forms as you are now considered a late applicant.
8) Save your forms to an easily accessible folder or your desktop.
9) Email only the required, completed and signed, forms to beneifts@sd61.bc.ca.