How to fill in and submit your benefits forms in 9 steps (Spouse)

- 1) Download and read the FAQ from the website: <u>https://www.sd61.bc.ca/payroll-and-benefits-gvta/</u>.
- 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.

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		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. Lunderstand the plans and options available to me, and I have applied, or waived coverage as described above. Date:				0

b. Select Draw.

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

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

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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 <u>benefits@sd61.bc.ca</u>.

- 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.

BENI	EFITS CONTROL / WAIVER FORM
You must complete a	and return this form together with the Change Forms.
This form is used by the Payroll & Benefits any coverage that you choose to waive. Ple <u>applications are incomplete, they will be r</u> fillable features.	Office to determine which coverage you want for your dependent(s) and ease make sure all applications are dated and signed. <u>If the attached</u> returned, and coverage may be delayed. Please print clearly or use the
Name: Example Form	Employee #: 2XXXXX
<u>Applications must be submitted in a timel</u> bcpseabenefits.ca/resources/faq/ to learn effective date will be backdated, and prem	y manner as carrier deadlines could affect your eligibility. Please visit n more about eligibility requirements. Benefit forms submitted after your niums will be adjusted accordingly.
Eligible dependents include your spouse, a sex spouses are eligible. Common-law spo	nd any unmarried dependent children. Legal, common-law, and same uses 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 of enrollment letter from the post-	have read the Over-age Dependent rules and I have attached a confirmation secondary institution)
I am enrolling a Common-Law Spou	se (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 (F	BC 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 (Statemer I understand that P and that they mayb	nt of Health completed and attached for EHC) BC will determine the eligibility and effective date of EHC for my dependent be declined
 I understand that the late applications 	here will be a dental expense restriction for the first 12 months of coverage fo
My dependents do NOT need EHC o	coverage (Waiver of Coverage form completed and attached)
My dependents do NOT need Denta	al coverage (Waiver of Coverage form completed and attached)
I have been fully advised by the Greater Victor these plans. I understand the plans and option	ia School District of the benefit plans and options available to me for coverage under is available to me, and I have applied, or waived coverage as described above.
09-Sep-2024	Example Form

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

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The appropriate so the reverse side an Benefits Admini should file this for	ection(s) below should o re required. Please refu strator once completed rm for future reference.	nly be completed as i rn this form to you . The benefits admin	changes to r District istrator	Gr	oup	Insu	ran	ice C	hanges
Part 1: Employ	ee Identification								
Employee's Last Nam	2	Fin	at Name	Init	tial ID Numi	ber		Provincial Heat	lth Plan Number (Care Card)
orm		E>	cample	T.	. 2xxx	XX			
Part 2: Change	e in Family Status								
Change of coverage re Marriage Cohal	equested due to the following bitation Divorce Sep	g "event": paration 🗖 Death 🗖 B	irth						Date of Event (M/D/Y) 01-Sep-2024
Other (specify):									
Revised Extended Hea	alth Coverage	-	-	Re	wised Dental Cov	erage			
Single Couple	Family Waived (atta	ch Waiver of Coverage i	form)		Single 🖌 Couple	Family	Waived (attac	h Waiver of Cover	age form)
Add Delete 1	No. Dependant's First N (Spouse and/or Child	iame Initial frea)	Last Name (if differe from Employee)	nt Bi	rthdate (M/D/Y)	Relationship Married, Common Law, Child - Minor, Child - Student	Gender (M/F)	Provide name of if child is over 2 child is disabled section and attas (Persons with D an adopted child adding a legal w	f school and student number 11 and studying full-time. If 1, indicate "disabled" in this the approved CRAPWD isability) document. If adding 1, provide date of adoption. If and, provide court document.
\odot		Mr. T. Forn	n	0	6/01/2024	Married	М		
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- 7) Double check that you have filled in and signed all required spaces on your forms.
 - a. If you and your spouse have been married for more 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 <u>beneifts@sd61.bc.ca</u>.