

## How to fill in and submit your benefits forms in 10 steps (Common-Law Spouse)

- 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.

The screenshot shows the Adobe Acrobat interface with a form titled "NEW ENROLLMENT or REINSTATEMENT" for "BENEFITS CONTROL / WAIVER FORM". The form includes an enrollment checklist with the following items:

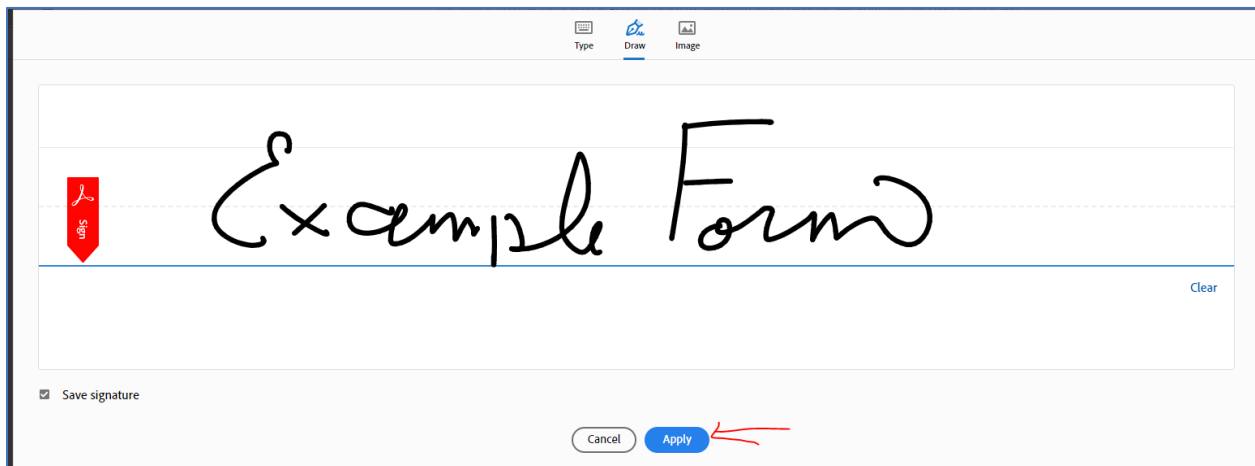
- I have read the FAQ and Manulife Brochure (Found at: <https://www.sd61.bc.ca/payroll-and-benefits-gvta/>)
- I want Extended Health Care (PBC Policy 20061) (BCPSEA Group Enrollment Form completed and attached)
- I want Dental (PBC Policy 20061) (BCPSEA Group Enrollment Form completed and attached)
- I am a LATE applicant for EHC and/or Dental (PBC Statement of Health completed and attached for EHC)
  - I understand that PBC will determine the eligibility and effective date of EHC, and I may be declined
  - I understand that there will be a dental expense restriction for the first 12 months of coverage for late applications
- I am a regular applicant for Basic Group Life Insurance (Manulife Policy 121260) (Manulife Group Benefits – Application for Group Coverage/Designation of Beneficiary completed and attached)
- I am a LATE applicant for Basic Group Life Insurance (Manulife Policy 121260) (Manulife Group Benefits – Application for Insurance and Evidence of Insurability for Self-Administered Plans)
  - I understand that Manulife will determine the eligibility and effective date and I may be declined
- I want Optional Group Life Insurance (Industrial Alliance Policy 000000474) (Application: <https://files.ia.ca/Amelia/Files/ams/pdfs/1189-sol-act-andy-billed-application-in-2023.pdf> - send your application to Industrial Alliance)
- I do NOT want EHC coverage (Waiver of Coverage form completed and attached)
- I do NOT want Dental coverage (Waiver of Coverage from completed and attached)
- I do NOT want Basic Life Insurance (Manulife Group Benefits Refusal of All Coverage completed and attached)
- I do NOT want Optional Life Insurance

At the bottom of the form, there is a signature line with a red arrow pointing to the "E-Sign" button in the Adobe toolbar on the left.

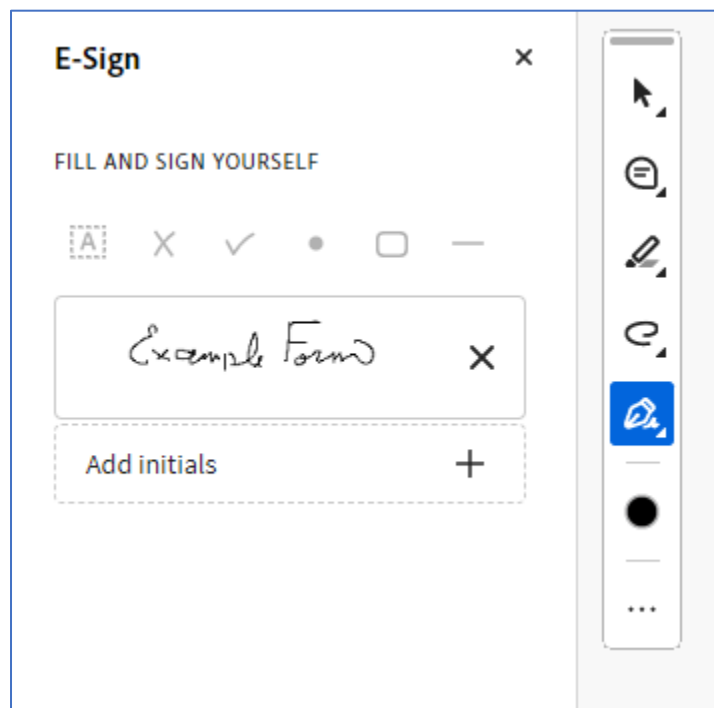
- b. Select Draw.

The screenshot shows the Adobe "Draw" tool interface. At the top, there are three icons: "Type", "Draw", and "Image". The "Draw" icon is highlighted with a red arrow. Below the icons is a large white area for drawing. On the left side of this area, there is a red Adobe logo. At the bottom left, there is a checkbox labeled "Save signature" which is checked. At the bottom center, there are two buttons: "Cancel" and "Apply".

- 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](mailto:benefits@sd61.bc.ca).

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



## 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 [bcpscabenefits.ca/resources/faq/](http://bcpscabenefits.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 Common-Law Spouse Declaration (1 page)

Only complete this form if you have a Common Law Spouse,  
this form is not applicable for married couples



Please return completed form to your District  
Benefits Administrator.

## Common Law Spouse Declaration

### Employee Common Law Spouse Declaration

Employee's Last Name	First Name	Initial	District #
Form	Example	T	61

Common law spouse name: Mr. T. Form  
Date co-habitation began: 01-Sep-2023

**Common law spouse definition:** A person of the opposite or same sex, who has been residing with the Employee for a continuous period of at least 1 year, and is publicly represented as the Employee's spouse.

I hereby certify that my spouse meets the definition of common law spouse as defined above.

Employee Signature  Date Signed (mm/dd/yyyy) 09-Sep-2024

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

You **MUST** complete this form



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 Form	First Name Example	Initial T.	ID Number 2xxxxx	Provincial Health Plan Number (Care Card)
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## Part 2: Change in Family Status

Change of coverage requested due to the following "event":

Marriage 
  Cohabitation 
  Divorce 
  Separation 
  Death 
  Birth

Date of Event (M/D/Y): 01-Sep-2024

Other (specify): Reached one year of living together

Revised Extended Health Coverage		Revised Dental Coverage	
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Waived (attach Waiver of Coverage form)		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> 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.
<input checked="" type="radio"/>	<input type="radio"/>		Mr. T. Form			06/01/2024	Common Law	M	
<input type="radio"/>	<input type="radio"/>								
<input type="radio"/>	<input type="radio"/>								
<input type="radio"/>	<input type="radio"/>								

## 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:		Revised Dental Coverage:	
<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Waived (attach Waiver of Coverage form)		<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> 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	<input type="checkbox"/> Employee <input type="checkbox"/> Dependent

## 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

- 8) Double check that you have filled in and signed all required spaces on your forms.
  - a. If you and your common-law spouse have been living together for longer than is 16 months (1 year plus 4 months) you must also include the statement of health forms as you are now considered a late applicant.
- 9) Save your forms to an easily accessible folder or your desktop.
- 10) Email only the required, completed and signed, forms to [benefits@sd61.bc.ca](mailto:benefits@sd61.bc.ca).