

How to fill in and submit your benefits forms in 10 steps (TTOC-regular applicant):

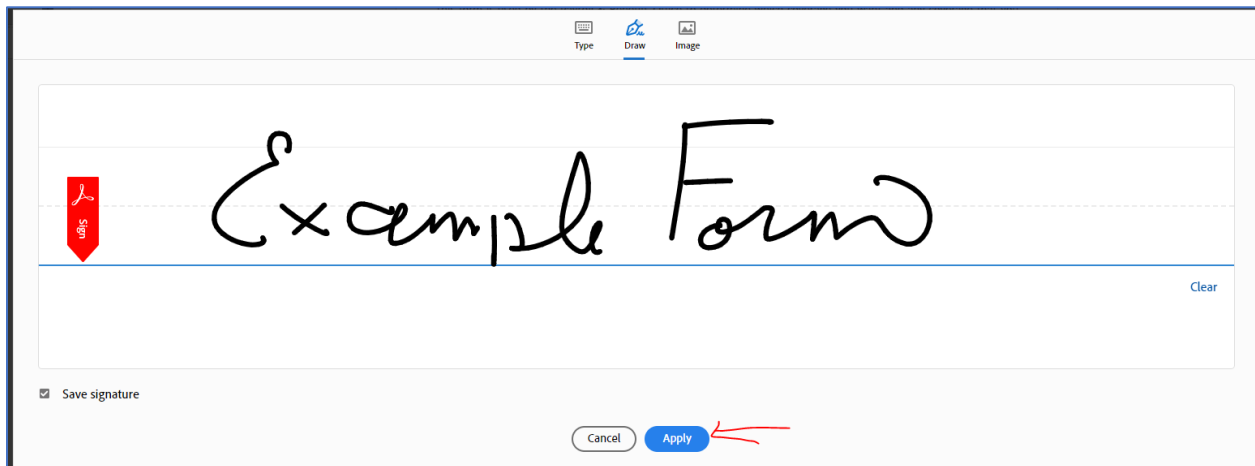
- 1) Download and read the FAQ from the website: <https://www.sd61.bc.ca/payroll-and-benefits-gvta/>.
- 2) Download and read through the **TTOC New Enrollment or Reinstatement** application package.
- 3) Open the blank form with Adobe.
- 4) Create a signature in Adobe.
 - a. Select E-sign; Add signature.

The screenshot shows the Adobe Acrobat interface for a PDF form titled "NEW ENROLLMENT or REINSTATEMENT". The form is for "TTOC DENTAL and EXTENDED HEALTH BENEFITS CONTROL / WAIVER FORM". The "E-Sign" panel is open on the left, showing options to "Add signature" and "Add initials". A red arrow points to the "Add signature" button. The main form area contains fields for "Name" and "Employee #", an "Enrollment Checklist" with several checkboxes, and a "Signature" field at the bottom. The checklist items include: "I have read the TTOC FAQ", "I want TTOC Dental", "I want TTOC EHC", "I understand that when I am not in receipt of pay, premiums will be collected via pre-authorized debit agreement", "This is a LATE application", and "I or my dependents do not need coverage".

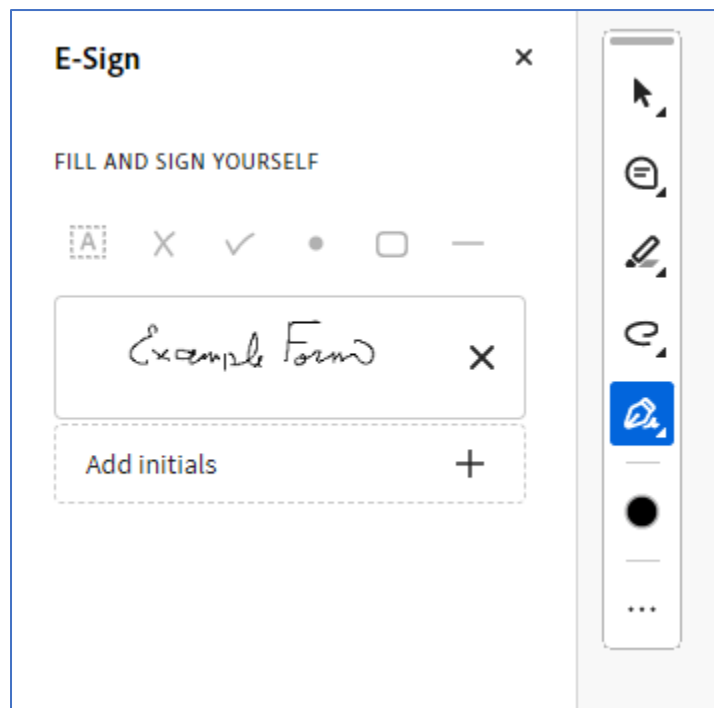
- b. Select Draw.

The screenshot shows the Adobe signature creation tool. The "Draw" option is selected in the top toolbar, and a red arrow points to it. The drawing area is empty, and the "Save signature" checkbox is checked. The "Apply" button is highlighted in blue.

- 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 your 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.



NEW ENROLLMENT or REINSTATEMENT TTOC DENTAL and EXTENDED HEALTH BENEFITS CONTROL / WAIVER FORM

You must complete and return this form together with the applications.

This form is used by the Payroll & Benefits Office to determine which coverage you want 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:

Employee #:

Applications must be submitted in a timely manner as carrier deadlines could affect your eligibility. Benefit forms submitted after your effective date will be backdated and premiums will be adjusted accordingly.

Enrollment Checklist

- I have read the TTOC FAQ (Found at: <https://www.sd61.bc.ca/payroll-and-benefits-gvta/>)
- I want TTOC Dental (PBC Policy 20061) (BCPSEA Group Enrollment Form completed and attached)
- I want TTOC EHC (PBC Policy 20061) (BCPSEA Group Enrollment Form completed and attached)
- I understand that when I am not in receipt of pay, premiums will be collected via pre-authorized debit agreement (PAD form completed and attached)
- This is a LATE application (I understand there will be a dental expense restriction for the first 12 months of coverage for late applications and that PBC will determine my eligibility for EHC)
- I or my dependents do not need 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:

Signature:

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 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 of 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 Enrollment Form for extended health and dental (2 pages)

You **MUST** complete this form.



The Group Enrolment Form complies with the requirements of the Insurers for the BCPSEA Benefits Buying Group Program and the information they require to underwrite and administer the benefit plans that are made available

Please return form to your District Benefits Administrator. Administrators: This form is to be completed on the date of hire for new employees. Keep the original copy on file, as it will be required by the insurer if there is a future death or disability claim.

Group Enrolment Form

New applicant Reinstatement Late applicant

Part 1: Employee and Basic Insurance Information

Employee's Last Name Form	First Name Example	Initial T	ID Number*	Provincial Health Plan Number (Care Card)
Street Address 123 Fake St.	E-mail Address eform@fake.email	Birthdate (MM/DD/YY) 01/02/1934	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Family Status <input type="checkbox"/> Single <input type="checkbox"/> Couple <input checked="" type="checkbox"/> Family
City Victoria	Province BC	Postal Code V#X #X#	If Extended Health or Dental benefits are Waived, complete this form and attach a Refusal of Coverage form	

Dependents (Spouse and/or Children)						Provide name of school and student number below if child is over 21 and studying full time. If child is disabled, state nature of disability and attach full details. If adding an adopted child, provide date of adoption. If adding a legal ward, provide court document.
First Name	Initial	Last Name (if different from Employee)	Birthdate (MM/DD/YY)	Relationship <small>Married, Common-Law, Child - minor or student</small>	Sex (M/F)	
Mr.	T.	Form	05/06/1978	Married	M	<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Dental
Jr.	T.	Form	09/01/2013	Minor	F	<input checked="" type="checkbox"/> Health <input checked="" type="checkbox"/> Dental
						<input type="checkbox"/> Health <input type="checkbox"/> Dental
						<input type="checkbox"/> Health <input type="checkbox"/> Dental

Part 2: Spousal or Other Coverage

Are you or your dependents covered for extended health and/or dental benefits by another <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify)	Benefit Dental	Name of Carrier/Policy # PBC XXXXX	Effective Date when spouse's plan started	ID Number 000XXXXXX	Coverage <input type="checkbox"/> Single <input type="checkbox"/> Couple <input checked="" type="checkbox"/> Family
	Benefit Health	Name of Carrier/Policy # PBC XXXXX	Effective Date when spouse's plan started	ID Number 000XXXXXX	Coverage <input type="checkbox"/> Single <input type="checkbox"/> Couple <input checked="" type="checkbox"/> Family
Employment type: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retiree					

Part 3: Beneficiary Designation

Complete the following section to appoint a beneficiary for any benefits payable on your death.

Beneficiary for Basic Life/Optional Life/Basic AD&D Insurance (if applicable)	Date of Birth	Share of Proceeds	Relationship	Name of Trustee for Beneficiaries Under 18	Beneficiary Status ⁵
THIS SECTION IS NOT APPLICABLE FOR TTOCs	N/A	N/A %	N/A	N/A	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
N/A	N/A	N/A %	N/A	N/A	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
N/A	N/A	N/A %	N/A	N/A	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

Part 4: Personal Data Consent

I consent to the collection, use, and disclosure of my personal information by my Plan Sponsor/Employer or the administrator, an insurance company, or any other person or organization having any relevant information about me (collectively "the Parties") who require this information for the purpose of administering my group benefits under the plan. I authorize the Parties to obtain and exchange between them, any personal information about me, my spouse, and my dependent children for the purpose of determining benefit entitlements, and for record keeping, file identification, reporting, underwriting, procurement of health information, claims adjudication and resolution, program management, administration of the plan and other services provided from time to time.

I confirm that I have obtained consent from my spouse and any dependent children over the age of majority, to disclose their personal information to the Parties as required for the administration of the plan.

In the case of death, I expressly authorize my employer, the policyholder, the beneficiary, heir or liquidator of my estate to provide the Insurance companies, when required by the latter, with all the information and authorizations required for the processing of any claim(s).

I hereby apply for group benefits under my Plan Sponsor's/Employer's plan and authorize any required deductions. I certify that the information given above is true and complete. A photocopy of this authorization is as valid as the original. The original enrolment form will be retained by my Plan Sponsor/Employer.

Employee Signature Example Form Date Signed (MM/DD/YY) 09-Sep-2024

DO NOT FILL IN PART 5, THIS IS FOR THE EMPLOYER ONLY

Part 5: For Plan Administrator/Employer Use Only							
Name of Employer / Organization Greater Victoria School District 61				Employment Type <input type="checkbox"/> Full-time Permanent <input type="checkbox"/> Part-time Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Retiree		Division 11	Class ¹ 11
Employee's Occupation/Position ⁴				Annual Earnings \$ N/A	Date of Hire (MM/DD/YY)	Hours Worked Per Week ⁵ 20	
Disability Waiting Period		Extended Health Waiting Period		<input checked="" type="checkbox"/> Life <input type="checkbox"/> AD&D (AD&D N/A for teachers and ASA) Waiting Period		<input type="checkbox"/> STD <input type="checkbox"/> LTD (N/A for teachers and ASA) Waiting Period	
Effective (MM/DD/YY)		Effective (MM/DD/YY)		Effective (MM/DD/YY)		Effective (MM/DD/YY)	
N/A		N/A		N/A		N/A	

Please note that this Enrolment Form also serves for enrolling employees, of participating groups, on to the BCPVPA disability plans (LTD and STD, where applicable).

¹ Please provide Employee ID/Payroll number. Please, do not use Social Insurance Number (SIN) as an employee ID.

² Beneficiary Status – The Beneficiary is considered revocable (can be changed in the future) unless otherwise stated. The Beneficiary can be made irrevocable, which means that if an employee wanted to change their beneficiary in the future they would require sign-off from the current beneficiary.

³ If you have multiple classes under your plan, please indicate the class in which the employee should be enrolled.

⁴ Employee's Occupation/Position: please choose from the following:

- Teacher
- Teacher Teaching On-call
- Principal/Vice-Principal
- Superintendent/Assistant Superintendent
- Secretary Treasurer/Assistant Secretary Treasurer
- Senior Manager/Director
- Non-Unionized Support Staff (please specify)*

*Non-Unionized Support Staff, e.g., Executive Assistants, Speech Therapist, etc.

⁵ Hours Worked Per Week – for BCPVPA a minimum of 17.5 hours per week is required to be eligible for LTD.

7) Complete the pre-authorized debit agreement (PAD)



Please complete -Pre-Authorized Debit (PAD) Plan Agreement Below

I/We authorize **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)**, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for regular monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** Regular payments for the full amount of services delivered will be debited to my/our specified account on the last pay of each month (Note: for May and June where it will be every pay to cover for summer months' benefits for Teachers, TTOCs, and ASAs). **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA)** has received written notification from me/us of its change or termination. This notification must be received at least (10) ten business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

THE BOARD OF EDUCATION SCHOOL DISTRICT 61 (GREATER VICTORIA) may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We has certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Employee Number: 2xxxxx Type of Service: Personal

PLEASE PRINT

DATE: 09-Sep-2024

Name: Example Form

Address: 123 Fake St.

City/Town: Victoria Province: BC Postal Code: V#X #X#

Phone Number (Bus): 555-555-5555 (Res): 555-555-5555

Financial Institution (FI): AS ON FILE IN THE SCHOOL DISTRICT PAYROLL SYSTEM

FI Account Number: N/A FI Transit Number: N/A

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): Example Form

The Board of Education School District 61 (Greater Victoria)
For all benefit inquiries, please contact Benefits Specialist
at the Payroll & Benefits Office: benefits@sd61.bc.ca

- 8) Double check that you have filled in and signed all required spaces on your forms.
- 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.