



**BENEFITS ELECTION**  
**PART-TIME EMPLOYEE**

<b>Personal Information</b>			
<hr/> Personnel No.	<hr/> Surname	<hr/> First Name	
Reason for completing the form:			
New Hire		Effective Date: <hr/>	
Marital Status Change			
Change Coverage			
Other <hr/>			
<b>Medical Coverage</b>			
<b>Mandatory</b>	Single	Family	Exempt, covered by
Dental Care (initial)	<hr/>	<hr/>	<hr/>
Vision Care (initial) <small>(not available to faculty or librarians)</small>	<hr/>	<hr/>	<hr/>
<b>Optional</b>	Single	Family	No Coverage
Extended Health Care (initial) <small>(includes Semi-Private)</small>	<hr/>	<hr/>	<hr/>
<b>Group Life Insurance</b> Choose one of the following (initial):			
<hr/> Basic coverage only (non-contributory)	<hr/> Basic + 1 times salary		
<hr/> Basic + SIB1	<hr/> Basic + 2 times salary		
<hr/> Basic + SIB2	<hr/> Basic + 3 times salary		
<hr/> I wish to increase my coverage <small>(a STATEMENT OF HEALTH FOR GROUP INSURANCE form is attached)</small>			
<b>Victoria Pension Plan (Optional to age 35)</b>			
I hereby elect to participate in the Pension Plan on the first opening date coincident with the following (initial):			
<hr/> Completion of this form	<hr/> My 35th Birthday		
If electing to participate an application form must be completed and proof of age provided			
I understand that, in addition to the benefits elected above, I will be covered under the Canada Pension Plan, Employment Insurance, Workers' Compensation and the Victoria University Group Disability Insurance.			
I am applying for the above benefit plans provided by the University and I authorize the University to take payroll deductions for any required contributions.			
<hr/> Date		<hr/> Signature	
<b>For Official Use Only</b>			
Date <hr/>	Entered by: <hr/>		<hr/> Print Name