VICTORIA UNIVERSITY
IN THE UNIVERSITY OF TORONTO

BENEFITS ELECTION

Personal Information

Personnel No. _____ Surname _____ First Name _____

Reason for completing the form:

- ☐ New Hire — Effective Date: _____
- ☐ Marital Status Change
- ☐ Change Coverage
- ☐ Other _____

Medical Coverage

Mandatory		Single	Family	Exempt, covered by
Dental Care	(initial)			
Vision Care	(initial)			

Optional		Single	Family	No Coverage
Extended Health Care (includes Semi-Private)	(initial)			

Group Life Insurance

Choose one of the following (initial):

- _____ Basic coverage only (non-contributory)
- _____ Basic + SIB1
- _____ Basic + SIB2
- _____ I wish to increase my coverage
  (a STATEMENT OF HEALTH FOR GROUP INSURANCE form is attached)
- _____ Basic + 1 times salary
- _____ Basic + 2 times salary
- _____ Basic + 3 times salary

Victoria Pension Plan (Optional to age 35)

I hereby elect to participate in the Pension Plan on the first opening date coincident with the following (initial):

- _____ Completion of this form
- _____ 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.

Date _____ Signature _____

For Official Use Only

Date _____ Entered by: _____
Print Name