



BENEFITS ELECTION
TEMPORARY EMPLOYEE

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) _____ (not available to faculty or librarians)	_____	_____	_____
Optional	Single	Family	No Coverage
Extended Health Care (initial) _____ (includes Semi-Private)	_____	_____	_____

Group Life Insurance Choose one of the following (initial):

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

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 _____