



VICTORIA UNIVERSITY
IN THE UNIVERSITY OF TORONTO

BENEFITS ELECTION
PM&CONF

Personal Information

Personnel No. _____

Surname _____

First Name _____

Reason for completing the form:

New Hire

Marital Status Change

Change Coverage

Other _____

Effective Date: _____

Group Health Benefits

Mandatory

Single

Family

Exempt, covered by

Dental Care

(initial) _____

Optional

Single

Family

No Coverage

Extended Health Care

(initial) _____

(includes Vision)

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)

* Term Employees are not eligible to enroll into the pension

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