



BCIT Application, Change or Waiver Form for Manulife Extended Health and Dental Group Benefits

- Section 1 to be completed by Human Resources
- Section 2, 3, 6 & 7 to be completed for all requests
 - Section 4 (if applicable) to be completed if enrolling in benefits
 - Section 4 & 5 to be completed if requesting a change

Section 1 – Completed by Human Resources

Plan Contract # **0083238** Member Certificate # _____
Location/Class/Plan _____ Eligibility Date _____

Section 2 – Application or Waiver of Benefits

I am waiving benefit coverage* ☐ I am applying for benefits for Myself only ☐ I am applying for benefits for myself & my family ☐ I am adding dependents ☐
I am removing dependents ☐

**If waiving benefits, complete "Section 3 – Part A" and "Section 7".
To enroll after waiving, contact us at hr@bcit.ca*

Section 3 – Employee Information

Part A:

Employee First Name _____ Initial _____
Employee Last Name _____

Part B:

Date of Birth (dd/mm/yy) _____
Sex* Female (F) Male (M) Intersex (I)
☐ ☐ ☐

**Select female, male or intersex consistent with your current biological sex (leave blank if prefer not to answer)
For the purpose of this application, intersex does not refer to an individual's sexual orientation, gender identity, gender expression or gender perception.*

Section 4 – Dependent Information

	Spouse's Name (first/initial/last)	Sex* (F/M/I)	Date of Birth (dd/mm/yy)	Coordination of Benefits** (see info below)
02				

****Coordination of Benefits (COB) codes:**

"S" if only your spouse is covered under their employer's plan
"F" if your spouse is covering the family under their employer's plan
"N/A" if your spouse does not have coverage under their employer's plan
"W" if your spouse has waived coverage under their employer's plan

	Dependent Children Name (first/initial/last)	Sex (F/M/I)	Date of Birth (dd/mm/yy)	Overage Dependent***
				Yes No <input type="checkbox"/> <input type="checkbox"/>
03				
				Yes No <input type="checkbox"/> <input type="checkbox"/>
04				
				Yes No <input type="checkbox"/> <input type="checkbox"/>
05				
				Yes No <input type="checkbox"/> <input type="checkbox"/>
06				

***Overage dependents are children aged 21 to 24 that must be registered as a full-time student to be considered for coverage. Coverage ceases at age 25 unless they qualify as a disabled overage dependent, please email the Benefits & Wellness Advisor at hr@bcit.ca for more information or to apply for disabled overage dependent coverage.

Section 5 – Change of Information

For changes to coverage, complete this section and applicable parts of Sections 2, 3, 4, 6 & 7

Divorce/Separation <input type="checkbox"/>	Marriage <input type="checkbox"/>	Common Law* <input type="checkbox"/>	Date relationship ended or began: (dd/mm/yy)	
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*Declaration of Common Law form must be completed and submitted

Birth <input type="checkbox"/>	Adoption* <input type="checkbox"/>	Custody* <input type="checkbox"/>	Effective Date: (dd/mm/yy)	
Other** <input type="checkbox"/>			State reason for selecting other	

*Applicable papers must be copied and attached to application for adoption & custody
(and if applicable for "Other" section)

Section 6 - Confirmation

☐

I confirm that I and each of my dependents (if applicable) are covered by a Provincial Health Care plan (ie: Medical Services Plan of BC or equivalent), and I acknowledge that should this change, I am obliged to report the change to my employer.

	Yes	No
Are you enrolled in Fair Pharmacare?*	<input type="checkbox"/>	<input type="checkbox"/>

*Enrollment is required for drug claims and more information can be found [here](#).

Section 7 - Consent

I hereby request that I be insured for the benefits for which I am or may become eligible for under the terms of the above group policy issued by THE MANULIFE FINANCIAL COMPANY. I authorize that part of my BCIT Employee Number may be used as my plan member ID/certificate number for claims information and plan contributions for me and my eligible dependents.

*For more information on your plan member ID, [click here](#).

Signature of Employee

Date

New Employees: Please note that this form must be returned for your benefits to be implemented

Changes: Any changes will be effective the first of the month following receipt of this form in Human Resources

Privacy Notice: Your personal information is collected by BCIT under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and used to administer your employee Manulife Financial Extended Health and Dental Group Benefits Plan.

For questions about BCIT employee group benefits plan, contact Human Resources at hr@bcit.ca.

For questions about BCIT's privacy practices, contact Director, Privacy, Information Access & Policy Management at privacy@bcit.ca.