Benefits Enrolment / Information Change (Full Time)

Last name	First name	Personnel number
Division		

☐ **Initial enrolment**

☐ **Information change** I wish to change my benefits coverage / dependent information as indicated below

Reason for change: _____

_____

I exercise my options for benefits I am eligible for as follows: Effective date month / day / year

☐ **Extended Health Care Plan**	☐ Single	☐ Family	☐ Terminate
☐ **Dental Plan**	☐ Single	☐ Family	☐ Terminate
☐ **Group Life Insurance (including AD & D)**	☐ 2 x annual salary		☐ Terminate
☐ **Long Term Disability**	☐ Enrol		☐ Terminate

Dependent Information *(If enrolling in / changing to family coverage)*

Spouse* ☐ Add ☐ Change ☐ Delete

Last name	First name and initial	Sex ☐ M ☐ F	Date of birth (mm/dd/yyyy)

Children ☐ Add ☐ Change ☐ Delete

Last Name	First Name	Sex *(M/F)*	Relationship to Employee	Date of Birth *(Month/Day/Year)*	If age is over 21**	
					Full Time Student	Handi-capped

Co-ordination of Benefits Information

My spouse has health benefits: ☐ Yes ☐ No ☐ Terminated ☐ Changed

If yes, or if information has changed: Coverage is for ☐ Dental – single ☐ Dental – family ☐ Medical – single ☐ Medical - family

Name of Carrier: _____ Policy number: _____

Employee signature: _____ Date: _____

* *A common-law spouse must be legally represented as a spouse and have cohabited for at least 12 months*

** *Children over age 21 (up to age 25) are eligible for coverage provided they are enrolled at an accredited school/college/university as a full time student and entirely dependent on you for support. Annual proof of student status is required. Coverage will be extended up to August 31st of any school year. Coverage will continue for handicapped dependents.*

The personal information on this form is collected under the authority of the *City of Toronto Act*, 1997; and Schedule A, of Chapter 71, and Article X, Schedule No. 2, of Chapter 227, of the Municipal Code. The information is used for enrolment purposes and/or changes to benefits coverage. Questions about this collection can be directed to Supervisor, Benefits & Employee Services, telephone no. 416-392-8098, Metro Hall, 55 John Street, 13th floor, Toronto, ON, M5V 3C6.