

INSTRUCTIONS ON HOW TO COMPLETE BENEFIT FORMS

Please read the information and steps included in this summary and submit the appropriate forms to **Employee Benefits**. Forms can be scanned and emailed to benefits@dal.ca.

The monthly deadline to process forms is the 8th of every month. It is imperative to provide the applicable documentation by this date to ensure coverage is in place and the appropriate dependants and beneficiaries are listed.

It is the responsibility of the employee to notify Employee Benefits of any changes or additions regarding spouse/partner and or children.

OVERVIEW OF BENEFIT FORMS

- Mandatory forms – to be completed by all new employees:
 - Health Application Form
 - Appointment of Beneficiary Form – Life & Accidental Death & Dismemberment
 - Pension Beneficiary Form
 - Survivor Income Benefit Beneficiary Form
- Optional forms – to be completed if interested in applying for optional coverages:
 - Dental Application Form
 - Manulife Optional Life Insurance
 - Voluntary Accidental Death & Dismemberment

MANDATORY BENEFITS

- Eligible employees will automatically be enrolled in mandatory benefits. Mandatory benefits include:
 - Life Insurance
 - Accidental Death & Dismemberment
 - Survivor Income Benefit, if dependants exist
 - Long Term Disability
 - Health (Single Coverage)
 - Travel (Single Coverage)
 - Pension, if the position is for twelve months or greater
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Health Application Form

- Employees are set up with single health coverage effective their job begin date.
 - It is **imperative the health application form is completed within 60 days of your job begin date** should you wish to add family coverage. Providing the application within the 60-day window prevents your dependants from being considered late applicants. Failure to meet the 60-day deadline will result in your dependants being subject to medical underwriting by the insurance carrier, in which they may not be approved for coverage.
 - When an individual maintains health coverage with Dalhousie University, travel coverage is also provided. Travel coverage will be extended to the dependants listed on your health application.
 - Health coverage can be waived if it is maintained elsewhere.
 - Should you wish to waive coverage, the health application form is required within 60-days following your job begin date to ensure premium deductions can be refunded.
 - If health coverage is waived, travel is no longer eligible.
 - Steps on how to complete the form:
 1. Check the “New Application” box
 - If waiving health coverage check the “Waiving Coverage” box
 2. Fill in your full name, employee number, job begin date, date of birth and your address
 3. Indicate if you maintain provincial health care coverage. Coverage is only available if provincial health coverage is maintained.
 4. Using the drop-down boxes, select the coverages you wish to enroll in under the “Coverage Requested” section.
 5. If applying for family coverage, complete the “Dependants” section of the application.
 6. “Type of Life Change” is **only** required when requesting a change/addition to your coverage. Further information can be found online here: [Life Changes](#).
 7. If you maintain health coverage elsewhere, or are choosing to waive coverage, please list the applicable insurance information in the “Other Coverage” section
 8. Sign and date the form. Electronic signature is acceptable provided the form is submitted through your official Dalhousie email account.
 - If the 60-day deadline has passed and family coverage is requested, the “Late Medical Application” is required to be completed.
 - Completed application forms can be scanned and emailed to benefits@dal.ca.
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Appointment of Beneficiary Form – Life & Accidental Death & Dismemberment

- The appointment of beneficiary form appoints beneficiary/beneficiaries for:
 - Accidental Death & Dismemberment
 - Life Insurance
- Steps on how to complete the form:
 1. Fill in your full name, employee number and date of birth
 2. Fill in your beneficiary/beneficiaries' names, date of birth and relationship to you
 3. Indicate in the Life & AD&D column the percentage of benefit designated for each beneficiary (if applicable) or "X" if the designated amount is to be shared equally.
 4. Sign and date the form. Ink signature (not electronic) is required.
- The Optional Life and Optional AD&D columns will only need to be checked if you are applying for these coverages. Further instructions and information about these coverages are outlined in this summary under "Optional Benefits".
- Completed beneficiary forms can be scanned and emailed to benefits@dal.ca.

Pension Beneficiary Form

- Complete the pension beneficiary if your position is for twelve months or greater.
- Steps on how to complete the form:
 1. Fill in your full name and employee number
 2. Fill in your beneficiary/beneficiaries' names, date of birth, relationship to you as well as the percentage of available benefits payable
 3. Indicate your current marital status in the applicable box
 1. Sign and date the form. Ink signature (not electronic) is required.
- Provide the completed and **original** form to Retirement Services, Room 150, Henry Hicks. Electronic copies are not acceptable. Any questions related to this form should be directed to pensions@dal.ca.

Survivor Income Benefit Beneficiary Form

- The survivor income benefit beneficiary form lists your eligible dependants. These dependants would receive monthly financial assistance should you pass away.
 - Steps on how to complete the form:
 1. Fill in your full name, employee number and date of birth
 2. Fill in your dependants' names, relationship to you, and date of birth
 3. Sign and date the form. Ink signature (not electronic) is required.
 - Completed beneficiary forms can be scanned and emailed to benefits@dal.ca.
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OPTIONAL BENEFITS

To participate in the benefits listed below it is **imperative** the appropriate forms are completed within the specified deadline. Failure to meet the specified deadline will consider you to be a late applicant, in which case restrictions and limitations will apply.

- Dental Coverage
- Optional Life Insurance
- Voluntary Accidental Death and Dismemberment

Dental Application Form

- If you have already completed the health application form outlined on page 2, and you have chosen to enroll in dental coverage, an additional dental form is not required.
 - If enrolling in dental coverage it is **imperative the form is completed within 60 days of your job begin date**. Failure to meet the 60-day deadline will result in you/your dependants being considered late applicants. Late applicant restrictions and limitations are outlined in the dental brochure (found online in the “More Information” section under “Voluntary Dental”).
 - The effective date of coverage is the job begin date. If considered a late applicant, the effective date will be the date that the application was received.
 - Steps on how to complete the form:
 1. Check the “New Application” box
 2. Fill in your full name, employee number, job begin date, date of birth and your address
 3. Indicate if you maintain provincial health care coverage. Coverage is only available if provincial health coverage is maintained.
 4. Using the drop-down boxes, select the coverages you wish to enroll in under the “Coverage Requested” section.
 5. If applying for family coverage, complete the “Dependants” section of the application
 6. “Type of Life Change” is **only** required when requesting a change/addition to your coverage. Further information can be found on the following link - [Life Changes](#)
 7. Sign and date the form. Electronic signature is acceptable provided the form is submitted through your official Dalhousie email account.
 - Completed application forms can be scanned and emailed to benefits@dal.ca.
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Manulife Optional Life Insurance

- If an employee chooses to enroll in this optional benefit within the first 31 days of an employee's job begin date, medical underwriting is not required for coverage up to \$50,000.
 - Should an employee choose to apply for additional coverage over \$50,000, or after the 31-day deadline, an application will need to be issued to Manulife for approval.
 - The application form is **only applicable** to Optional Employee Life Insurance, Spousal Life Insurance and Dependant Life Insurance. No other benefits listed on the form are eligible. This form is a generic Manulife Application form used for Self-Administered Policies. Our policy with Manulife only provides the optional benefits listed above.
 - Further information about the coverage maximums can be found in the "More Information" section under "Optional Life".
 - The cost per unit can be found in "Benefits Rates" and will be dependent upon the applicant's age and smoker status. One-unit cost is \$10,000 worth of coverage; for example, if you are applying for \$200,000 of coverage this would be 20 units of \$10,000. You would then multiply your cost per unit by the number of units, in this case 20, to get your monthly premium.
 - Steps on how to complete the form:
 1. Select the appropriate "Who is applying for insurance" bullet
 2. Under Section 1 – Plan sponsor information, indicate the amount of optional life coverage you are applying for under "I'm Requesting". If applying for spousal life and dependant life coverage, also list the applicable amounts in these sections under "I'm Requesting". The remainder of Section 1 is completed by Employee Benefits
 3. Complete Section 2 – Plan Member (Employee) Statement
 4. If applying for spousal life insurance, complete Section 3 – Spouse Statement
 5. If applying for dependant life insurance, complete Section 4 – Dependant Child Statement
 6. Complete Section 5 – Medical Questions
 7. Read and review Section 6 – Certification and Authorization. Please print your name, sign and date. If applying for spousal coverage, your spouse will also need to sign and date the application. Ink signatures (not electronic) are required.
 - Completed application forms can be scanned and emailed to benefits@dal.ca. Employee Benefits will complete the remainder of Section 1 and issue to Manulife for approval.
 - If additional information is required, Manulife will reach out to you directly to obtain this information. If optional coverage is approved, the effective date of coverage will be determined by Manulife. Manulife will provide you with a letter advising you of their decision.
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Voluntary Accidental Death & Dismemberment

- Further information about the coverage maximums can be found in the “More Information” section under “Voluntary Accidental Death & Dismemberment”.
- The cost per unit can be found in “Benefits Rates” and will be dependent upon on the amount of coverage an individual chooses to apply for and whether it is family or single coverage. One-unit cost is worth \$10,000 worth of coverage.
- The effective date of coverage will be the first of the following month in which the application is received.
- Steps on how to complete the form:
 1. Check the “New Application” box
 2. Fill in your full name, employee number and date of birth
 3. Indicate the amount of coverage you are choosing to apply for
 4. Indicate whether the coverage is to be family or single
 5. If applying for family coverage, complete the “Dependant Information” section
 6. Indicate who your beneficiary/beneficiaries are for this benefit
 7. Sign and date the form. Ink signature (not electronic) is required.
- Completed application forms can be scanned and emailed to benefits@dal.ca.

Critical Illness & Assured Access

- Enrolment in Critical Illness and/or Assured Access is done online directly through Blue Cross.
- For Critical Illness, if an employee chooses to enroll in this optional benefit within the first 31 days of an employee’s job begin date, medical underwriting is not required for coverage up to \$50,000. Employees can apply for single coverage, two person coverage, or family coverage. Coverage is in units of \$10,000 to a maximum of \$250,000 for employee or spouse. Coverage for children is in units of \$5,000 to a maximum of \$10,000 per child.
- Further information about these benefits, including enrolment instructions, can be found in the “Critical Illness & Assured Access” brochure under “Optional Forms.”