

Dalhousie University – Benefits Authorization Form Applicable to grant paid and associated employees

Employ	vee Name:		<u></u>	
Employ	vee ID:			
• Wh	nen applying for an optional benef	it, be sure to also su	al beside the benefit you would like to enrol ibmit the required application form. ns, to Employee Benefits at benefits@dal.ca	
	Optional Benefits	Benefit Enrolment	Form Required	
	Dental Coverage and/or Family Health Coverage Yes No		Health & Dental Application* (Required)	
	Long Term Disability Yes No		Long Term Disability Application** (Only required if applying more than 31 days after becoming eligible for benefits)	
	Yes No		Voluntary AD&D Application*** (Required)	
	Optional Life Insurance Yes No		Manulife Optional Life Insurance Application**** (Required)	
Employe apply for dependa **Long T There is	family health coverage and/or dental coverage and/or dental coverage will be considered late applicants and ferm Disability: a 31-day window from an employee's bereity. If applying after the 31-day window, the	alth benefits. There is a 6 verage. If the application if may be subject to the may be subject to the may be subject to the may be subject to applications.	50-day window from an employee's benefits eligibility d s received after the 60-day window, employee and edical underwriting process and/or late coverage restri ply for long term disability without completing evidence sent to Manulife for review prior to coverage being	ictions
Volunt Coverage *Optio There is completing	tary Personal Accident: e can be added at any time. To add or ch nal Life Insurance: a 31-day window from an employee's ber	nefits eligibility date to ap er the 31-day window, or	omplete the Voluntary AD&D Application. ply for optional life insurance up to \$50,000 without for an amount over \$50,000, the application form will b	oe sent
Employee Signature			 Date	