

**ADD SPOUSE AND/OR  
DEPENDANT COVERAGE**  
(FOR EXTENDED HEALTH  
CARE AND DENTAL)

PERSON ID

**Municipal Retiree Benefit Trust**  
PO Box 9460  
Victoria, BC V8W 9V8

Web: [mpp.pensionsbc.ca](http://mpp.pensionsbc.ca)

Toll-free (Canada & U.S.): 1-866-876-6677

**Instructions**

- Complete if you are a retired member and have existing coverage and would like to add a spouse/dependant(s).
- Completed form must be received in Municipal Retiree Benefit Trust within 60 days of eligibility.
- Once completed, **sign** and return the form to our office by mail.
- See page 2 for important information.

**Part A—Personal information (*must be completed*)**

LAST NAME	FIRST NAME	MIDDLE INITIAL	PHONE ( <i>include ten digits</i> )	DATE OF BIRTH YYYY—MM—DD
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X	EMAIL			
RESIDENTIAL ADDRESS ( <i>include unit number, if applicable</i> )			ADDRESS LINE 2 ( <i>if necessary</i> )	
CITY	PROVINCE	POSTAL CODE		
MAILING ADDRESS— <i>if different from residential address (include unit number, if applicable)</i>			ADDRESS LINE 2 ( <i>if necessary</i> )	
CITY	PROVINCE	POSTAL CODE		

**Spouse—Complete if adding spouse**

- Date of marriage (*attach copy of marriage certificate if marriage occurred within 60 days of submitting this form*)  
OR  
 Date commenced living together in a marriage-like relationship (*see page 2 "What you need to know" for eligibility*)  
OR  
 Date permanent residency granted (*attach copy of permanent residency document and see page 2 "What you need to know" for eligibility*)
- YYYY—MM—DD

**Part B—Spouse/dependant coverage information**

**POLICY NO. 88000**

(*check Extended Health Care (EHC) / Dental box(es) for each spouse/dependant if applying for coverage*)

FIRST NAME	LAST NAME	MIDDLE INITIAL	DATE OF BIRTH (YYYY—MM—DD)	GENDER	NAME OF SCHOOL AND TERM START DATE OR DETAILS OF DISABILITY,* OR ADOPTION **	EHC	DENTAL
Spouse				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X		<input type="checkbox"/>	<input type="checkbox"/>
First child				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X		<input type="checkbox"/>	<input type="checkbox"/>
Second child				<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X		<input type="checkbox"/>	<input type="checkbox"/>

\* Complete if child is over age 19, under age 25 and attending school full time, or is disabled.

\*\* If adding a child other than your natural child, provide the date you legally became the child's guardian and attach legal documents.

Attach a separate sheet to specify additional dependants.

To be valid, the additional sheet must include your printed name and signature, dated with the same date written on this form.

*Freedom of Information and Protection of Privacy Act*—The personal information on this form is collected under the authority of the *Public Sector Pension Plans Act* and will be used by the BC Pension Corporation to administer a plan member's benefits. If you have any questions about the collection and use of this information, contact the privacy officer at PO Box 9460, Victoria BC V8W 9V8 or by telephone at 250-387-1002.

## Part C—Other coverage

Complete this section if you previously waived coverage for your spouse/dependant(s) and are applying after the 60-day enrolment period.

Was your spouse/dependant(s) covered within the last 12 months or are they presently covered under another group EHC or dental plan?  No  Yes, *complete below*

INSURANCE COMPANY NAME	GROUP / POLICY NO.	ID / CERTIFICATE NO.
BENEFITS COVERED UNDER OTHER PLAN <input type="checkbox"/> EHC <input type="checkbox"/> Dental	IS THE PLAN STILL ACTIVE <input type="radio"/> Yes <input type="radio"/> No, <i>termination date</i>	YYYY—MM—DD

**FOR OFFICE USE ONLY**

## Part D—Consent and signature

I have read and understand pages 1 and 2 of this form, and I certify that all statements and answers included on this form are true and complete.

I understand group benefit coverage is a contingent benefit. That is, EHC and dental benefits are not guaranteed. The coverage may be changed at any time by the trust board, including but not necessarily limited to increasing, decreasing or eliminating: a) coverage for people and benefits or b) amounts for premiums and deductibles.

I confirm that the information I have provided is true and complete. I understand that I (and my dependants, if any) must be continuously enrolled under the provincial health plan to participate in this plan. If I should receive a settlement or judgment against a liable third party for benefits covered under my plan, I agree to and authorize the third party to

reimburse Pacific Blue Cross (PBC) up to the amount advanced to me pending such settlement or judgment. I understand and consent that the personal information provided by me and my dependants under this plan may be disclosed to agents and representatives of PBC, and other providers/insurers and their agents and representatives, for the purposes of assessing and providing benefit coverage. I also understand and consent to the disclosure of this personal information to the Pension Corporation, administrator of this plan, when required or permitted by law or pursuant to the contract between PBC and the Municipal Retiree Benefit Trust or the plans that pay me pension benefits, and to the retention, use and disclosure of this personal information in accordance with PBC's privacy policy. A copy of the privacy policy is available by contacting PBC. It is also available on PBC's website at [www.pac.bluecross.ca](http://www.pac.bluecross.ca).

**RETIRED MEMBER SIGNATURE**  
*(must be completed)*

DATE SIGNED  
YYYY—MM—DD

## Definition of Spouse and Dependants *(for extended health and dental purposes)*

**Spouse:** A spouse is a person whom you are married to or living with in a marriage-like relationship.

If you are in a common-law relationship, you must live together for 12 months before being eligible to apply for extended health benefits and dental coverage for your spouse (unless you are claiming your spouse's children as dependants on your income tax return). If in a common-law relationship, you may be required to provide proof that you have been living in a common-law relationship for 12 months or more. If you leave one common-law relationship and enter another, you must wait 12 months after cancelling coverage for your first spouse and dependants before you can enrol another spouse and other dependants.

Your spouse is not entitled to health benefits if they are separated from you for other than health reasons.

**Dependent child:** A dependent child may be your natural child, stepchild, adopted child or legal ward (requires a court order, attach a copy). A dependent child must also be:

- not working more than 30 hours per week on a permanent (year-round) basis,
- not married or not living in a marriage-like relationship as common law,
- under 19 years of age, or under 25 years of age and attending an accredited school or university full time (minimum three courses per semester, including co-op programs, and online and correspondence courses) in a program leading toward a diploma, degree or certificate recognized in Canada (proof of school attendance will be required), or
- of any age with a mental or physical disability and accepted as a dependant for income tax purposes. The pension plan will verify eligibility with Pacific Blue Cross for disabled dependant(s).

## What you need to know

- Your spouse and/or dependants must apply for medical coverage under the government plan in your province.
- Continuous coverage since your retirement date is a condition of eligibility for spouse/dependant(s). For the purpose of this application, we require the details of insurance coverage for the past 12 months only.
- Coverage will be effective the first of the month following cancellation of previous coverage.
- If adding a new spouse and/or dependant you must apply within 60 days of:
  - your spouse or dependant becoming a permanent resident of Canada, or
  - termination of their benefits coverage under another plan, or
  - the date upon which you married or remarried (copy of marriage certificate required), or

- the date upon which you and your common-law spouse have lived together for 12 months, or
- the date upon which an individual became your dependant (copy of legal document required).

- Coverage will be effective the first of the month following their eligibility date.
- Some provinces charge tax on dental insurance premiums.
- For more information go to our website at [mpp.pensionsbc.ca](http://mpp.pensionsbc.ca).

### Dependent student

- If you apply within 60 days of the student starting school, coverage will be effective the month the student becomes eligible.
- If it has been more than 60 days since the student started school, coverage will be effective the first day of the month after you apply for coverage.