



# EXTENDED HEALTH AND DENTAL POSITIVE ENROLMENT FORM

Please complete this form to enroll you and your eligible dependents into the Extended Health and Dental Plans, and return it to Human Resources Services. Claims cannot be processed for spouses and/or dependents who are not listed on this form. In cases of a new spouse, new child, overage or disabled child, coverage can be retroactive to the date of the change if we are notified within 31 days of such change. **This form replaces any previous information provided.**

This application, if approved enrolls me in or continues my coverage in the following plans:

**Extended Health** (Please choose one)

- Family
- Single

**Dental** (Please choose one)

- Family
- Single

## PART A GENERAL INFORMATION

<b>Policy Number</b> 25018		<b>Last Name</b>	<b>First Name</b>	<b>Employee ID</b>
<b>Employee Group</b>	<b>Extension</b>	<b>Department</b>	<b>Date of Birth (MM/DD/YY)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

## PART B SPOUSE DETAILS (see definitions on reverse for further explanation prior to completion)

<b>Last Name</b>	<b>First Name</b>	<b>Date of Birth (MM/DD/YY)</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relationship (wife, husband, common law)</b>
<b>If Spouse Works, Employer Name</b>		Enrolled in their own Group Plan? (Please check appropriate box)		
		Extended Health <input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> None	Dental <input type="checkbox"/> Family <input type="checkbox"/> Single <input type="checkbox"/> None	

## PART C DEPENDENT DETAILS (see definitions on reverse for further explanation prior to completion)

Last Name	First Name	Date of Birth (MM/DD/YY)	Overage Student (Y/N)	Disabled (Y/N)	Gender (Male/Female)

I understand it is my responsibility to notify the University of any addition or deletion from those I wish covered under the Plan. The insurer reserves the right to obtain reimbursement from me for any benefits paid due to error, misrepresentation or lack of notification.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## PART D HUMAN RESOURCES VERIFICATION

\_\_\_\_\_  
Employee Start Date

\_\_\_\_\_  
Human Resources Signature

Entered into ViP

DATE STAMP
Effective date of coverage not before date rec'd in HR unless a newly acquired dependant

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## ELIGIBILITY DEFINITIONS AND CO-ORDINATION OF BENEFITS INFORMATION

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### DEPENDENT DEFINITIONS

#### DEFINITION OF A SPOUSE

For the purpose of all non-pension benefit programs, a member is entitled to have only one spouse for whom coverage is provided who shall be the member's legal spouse as set out below:

1. A legal spouse as defined in the Family Law Act, R.S.O. 1990 is:  
Either a man or woman who:
  - 1) Are married to each other, or
  - 2) Are not married to each other and are living together in a conjugal relationship,
    1. continuously for a period of not less than one (1) year, or
    2. in a relationship of some permanence if they are the natural or adoptive parents of a child, both as defined in the Family Law Act, R.S.O. 1990.
2. If no such spouse as defined in the Family Law Reform Act exists, McMaster University extends the definition of a spouse to include a person of either sex who is living with the member in a conjugal relationship for a period of not less than one (1) year.

*Note:* For information purposes, the employee's spouse ceases to be eligible for benefit coverage when the employee and such spouse are divorced or on the date that such partner is no longer publicly maintained and represented as the spouse of such employee.

Common Law/Same Sex Partner A Qualification of Partner as a Spouse form must be completed and filed with Human Resources.

Both Spouses Employed at McMaster University If both you and your spouse are covered as subscribers under Policy 25 018 (ie. Each have your own coverage as an employee of the University), each spouse is considered to have their own plan when completing the Spouse Details section.

#### DEFINITION OF DEPENDENT CHILDREN

A dependent means your unmarried children up to age 21 (or up to age 25 in the case of a full-time student wholly dependent on the member for support). This includes legally adopted children and children for whom you are the legal guardian. Dependent includes your spouse's children if your spouse has sole responsibility by decree of divorce for support and maintenance of the child.

The definition of a dependent child is extended to an unmarried child who attains the limiting age while covered under the Plan as a dependent and who is incapable of self-sustaining employment by reason of mental or physical disability and is chiefly dependent on the member for support and maintenance. This is subject to the University/Insurer receiving proof from the member of the dependent's incapacity no later than 31 days after the dependent attains the limiting age.

*Note:* Note: For information purposes, a child's natural/legal parents are responsible for the maintenance of the child. Stepchildren are eligible as dependents if the child normally resides at the home of the employee and the employee's spouse has sole legal responsibility for such child.

Overage Student If your child is between the ages of 21 and 25 and in fulltime studies, please so indicate on the enrolment form in the Overage Student column.

Disabled Child If your child became disabled prior to the attainment of the limiting age, please so indicate on the enrolment form in the Disabled column.

Other Group Plans Where your child is covered under another group plan, separate from your current spouse's plan, please so indicate on the enrolment form under Other Group Plans. Space is available for Major Medical and Dental. Examples of this would be Student Drug/Health Plans offered at some Universities or coverage provided for a child through a former spouse.

#### CO-ORDINATION OF BENEFITS

Extended Health and Dental plans make provisions for those situations when an employee and his/her spouse both have plans available to them through their employers. Co-ordination of benefits is a means of dividing responsibility for payment between the two programs involved so that the combined coverage will pay up to 100% of the eligible expenses within the limits of both programs and not to exceed the total expense incurred. Eligible expenses include all items of care covered in whole or in part by at least one of the programs.

Responsibility for payment is determined by differentiating between primary and secondary responsibility between applicable programs. The primary program is responsible for paying as if there were no other program. The secondary program extends the coverage provided by the primary program.

When a patient is covered by two different contracts for benefits, it should be determined which contract carrier is responsible for primary liability for services performed. The protocol for determining the primary carrier which is described here is in compliance with the guidelines established by the Canadian Life and Health Insurance Association (CLHIA).

The basic rules are:

1. When an individual is covered by two plans, as a subscriber and as a spouse or dependent, the plan covering the individual as a subscriber is considered primary.
2. If the patient is a dependent child and both mother and father have a contract covering the child, then the contract of the parent whose birthday is first in the calendar year is considered primary. (For example, if John Doe's birth date is May 1, 1954 and his spouse's birth date is July 1, 1952, John's policy would be considered primary).
3. If the patient is a dependent child of divorced or separated parents, then the order of benefit determination is (a) the parent who holds custody or legal financial responsibility for the child, then (b) the plan of the spouse or parent with custody, and finally (c) the plan of the parent not having custody.
4. If the patient has two policies in his or her name, then the contract in effect for the longest period of time is considered primary.

When submitting claims for co-ordination of benefits, submit first to the primary plan and once payment is received, submit a copy of the receipts along with a copy of the payment from the primary plan to the secondary plan.

If you have questions regarding primary/secondary plans and coordination of benefits, please contact your insurance companies directly for assistance in determining the correct order of claims submission.

The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and main training records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, McMaster University.