

ONLINE MARITAL STATUS CHANGE PACKAGE

A marital status change can affect your benefits in many ways. For your convenience we have put together a marital status change package for you to complete in order to notify [Human Resources Services](#) of this life event change.

Please read the below instructions carefully and complete steps 1 through 5.

Please note that all changes will be effective the date they are received by Human Resources.

1. ADDING OR REMOVING A SPOUSE TO/FROM YOUR BENEFITS:

- For benefits purposes a “spouse” is defined as,

"Your Spouse by marriage or any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least the last 12 months, is an eligible dependent. You can only cover one spouse at a time."

Furthermore, our Extended Health & Dental positive enrolment form defines an eligible spouse as follows:

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 a woman who:

- 1) Are married to each other, or*
- 2) are not married to each other and are living together in a conjugal relationship,*
 - i) continuously for a period of not less than one (1) year,*
 - or*
 - ii) 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.

Please note that based on the above definitions and the University's contract with the insurer we are not able to extend coverage to a separated or ex-spouse. Also, kindly note that it is the responsibility of the insured Employee to notify the University of any addition or deletion of dependents covered under the Plan. The insurer reserves the right to obtain reimbursement from the employee for any benefits paid due to error, misrepresentation or lack of notification.

- In order to add/remove an eligible spouse to your benefits we require that you complete the [Extended Health and Dental Positive Enrolment Form](#). When completing this form please ensure to list all eligible dependents as this will replace any information previously held on file. When removing a spouse, simply complete the form and exclude the spouse from your list of eligible dependents.

2. CHANGING BENEFICIARY INFORMATION FOR LIFE INSURANCE AND AD&D:

- A beneficiary is the individual(s) who will receive your life insurance and AD&D (where applicable) benefits in the event of your death. For the protection of your loved ones, it is very important that we keep updated records in this regard. Although it is not mandatory to update your beneficiaries in the event of a marital status change, we would encourage you to revisit this information at this time. If you are unsure as to who your current beneficiaries are, please contact [Human Resources Services](#) for this information or simply complete the Beneficiary portion of the [Group Life Insurance Enrolment Form](#) and [Voluntary Personal Accident Insurance Form](#).
- When listing your beneficiaries please be sure to list their first name, last name, relationship to you, and entitlement percentage (as insurance can be split between multiple beneficiaries). You may list anyone you like as your beneficiary
- i.e. John Smith, spouse, 100%

3. UPDATING PENSION BENEFICIARY INFORMATION:

- If you have a spouse, you must legally designate that spouse as your beneficiary for pension purposes. If you wish to designate someone other than your spouse, your spouse must complete the waiver attached to the [Pension Beneficiary Designation form](#). This form provides a definition of what constitutes a spouse for pension purposes.
- You must complete this form as part of the marital status change process.
- Please be sure to have a witness sign the bottom of the form before submitting the completed original to Human Resources.

4. SUPPORTING DOCUMENTS:

- In the case of marriage or common law declaration we request that you complete the [Declaration of a Spousal Relationship form \(included below\)](#).
- In cases of separation or divorce, we request you submit a [Copy of your Separation Agreement](#), if you participate in a McMaster pension plan during the period of marriage.

5. PERSONAL INFORMATION/ADDRESS CHANGES:

Please forward all of the above completed forms to [Human Resources Services](#) for processing along with a completed [Notification of Marital Status Change Form](#) as your cover page.

This form will identify you and indicate the below information to Human Resources:

- Type of Life Event
- Address Change
- Phone Number Change
- Name Change
- Emergency Contact Information (please provide a daytime contact)



NOTIFICATION OF MARITAL STATUS CHANGE

Please complete the applicable sections of this form and submit to Human Resources Services accompanied by any applicable forms in your marital status change package

LIFE EVENT CHANGE (please check one)

- ~ Marriage ~ Common-Law Declaration
- ~ Divorce ~ Separation ~ Widow/Widower

PART A EMPLOYEE INFORMATION

Last Name	First Name	Employee ID
Extension	Department	Campus Address

PART B PERSONAL ADDRESS INFORMATION

HOME ADDRESS		CITY
Province	COUNTRY	Postal Code
Home Phone Number		

PART C EMERGENCY CONTACT INFORMATION

First Name	Last Name	Relationship
Daytime Phone Number		

PART D NAME CHANGE

Prefix	FIRST NAME	LAST NAME
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If applicable, please indicate your new name above. All future correspondence from the University will be issued in this name

Employee Signature

Date

PART E HUMAN RESOURCES VERIFICATION

Human Resources Signature

Date

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Date Stamp



EXTENDED HEALTH AND DENTAL POSITIVE ENROLMENT FORM

Please complete this form to enroll you and your eligible dependents into the Retiree 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 Dental (Please choose one) ~ Family
 ~ Single ~ Single

PART A GENERAL INFORMATION

Policy Number 25018		Last Name	First Name	Employee ID
Employee Group	Extension	Department	Date of Birth (MM/DD/YY)	Gender ~ Male ~ Female

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

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

ELIGIBILITY DEFINITIONS AND CO-ORDINATION OF BENEFITS INFORMATION

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 25018 (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.

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GROUP LIFE INSURANCE PLAN
ENROLMENT FORM/BENEFICIARY CHANGE FORM

ALL EMPLOYEES MUST COMPLETE PARTS A, B and C,
PART D WILL BE COMPLETED BY HUMAN RESOURCES

PART A GENERAL INFORMATION

Policy Number 50813		Last Name	First Name	Employee ID
Employee Group	Extension	Department	Date of Birth (MM/DD/YY)	Gender ~ Male ~ Female

PART B COVERAGE ELECTIONS

I apply for the benefits elected below as provided by the applicable policy. I authorize the university to deduct regularly from my pay any contributions required to be made under the Optional Life Plan. This election does not prevent me from applying for a change in group life coverage in the future. Such coverage will not become effective until such election form is received and approved by Sun Life.

Group Life Insurance Options

I understand that I will be enrolled in the basic group life plan offered by McMaster University and I elect the following options:

- ~ I waive the opportunity to increase my level of coverage under the Optional Life Plan.
- ~ I elect _____% of salary under the optional life plan and have completed the attached medical questionnaire. I understand that under the Optional Life Plan, coverage is subject to evidence of insurability.
- ~ Beneficiary Change Only.

PART C BENEFICIARY APPOINTMENT

For Life Insurance that becomes payable as a result of my death, I designate the following person(s) to be the beneficiary(ies):

Last Name	First Name And Initials	Relationship	Entitlement %

If you have not named a beneficiary, the benefit amount will be paid to your estate. You can change your beneficiary at any time, unless a law prevents you from doing so or you indicate the beneficiary is not to be changed.

I authorize McMaster University, Sun Life Financial; their agents and service providers to use and exchange the information collected in this form for the administration of Group Life Insurance (basic and optional coverage).

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Employee Signature

Date

PART D HUMAN RESOURCES VERIFICATION

Human Resources Signature

~ Entered into VIP

DATE STAMP



VOLUNTARY PERSONAL ACCIDENT INSURANCE
 (Accidental Death and Dismemberment – AD&D)
Enrolment Form/Change of Beneficiary Form

PART A GENERAL INFORMATION

POLICY NUMBER 6477 45 51-04	Last Name	First Name	Employee ID
Extension	Department	Date of Birth (MM/DD/YY)	

PART B COVERAGE ELECTION

The Voluntary Personal Accident Insurance benefits have been explained to me and I understand the options available to me. Based on this information, I apply for the benefits elected below as provide by the applicable policy. I authorize the University to deduct regularly from my pay any contributions required to be made by me under the Voluntary Personal Accident Insurance Plan. Coverage becomes effective on the 1st of the month following the date your completed Enrolment form is received by Human Resources. It may only be increased or decreased once a year on July 1st or if I have a change in Family Status.

I choose to enroll in <ul style="list-style-type: none"> ~ Plan I (Employee Only) ~ Plan II (Employee and Family) Principal Sum Amount \$ _____
~ I have been given the opportunity to apply for this insurance but I do not desire to participate.
~ Beneficiary Change Only

PART C BENEFICIARY APPOINTMENT

For accidental death benefits becoming payable as a result of my death, I designate the following person(s) to be the beneficiary(ies):

Last Name	First Name And Initials	Relationship	Entitlement %

If you have not named a beneficiary, the Loss of Life Benefit will be paid to the first surviving class in the following order: spouse, surviving children, surviving parents, surviving siblings, estate.

I authorize McMaster University; Chubb Insurance; their agents and service providers, to use and exchange the information collected in this form for the administration of Voluntary Personal Accident Insurance.

Employee Signature

Date

PART D HUMAN RESOURCES VERIFICATION

Human Resources Signature

DATE STAMP

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DEFINITION OF A SPOUSE

The following is a summary of the definition of a spouse for the purposes of this form.
A "spouse" of a member is defined in the Pension Benefits Act of Ontario and the applicable McMaster Pension Plan text.

Your spouse is a person who at the time of determination of marital status:

- o Is legally married to you and is not living separate and apart from you; or
- o Is not legally married to you but has been living with you
 - in a conjugal relationship continuously for a period of at least one year, or
 - in a relationship of some permanence and if you both are the natural or adoptive parents of a child (as defined under the Family Law Act of Ontario as amended from time to time)

Notwithstanding the above, an employee is considered to have only one spouse at the date any benefit or entitlement is determined

SPOUSAL WAIVER OF PRE-RETIREMENT DEATH BENEFIT ENTITLEMENT

I, _____ am the eligible spouse within the meaning of the
(Name of spouse of employee; Last Name, First Name)

Pension Benefits Act, of _____
(Name of employee: Last Name, First Name)

I understand that section 48 of the Pension Benefits Act provides that if my eligible spouse dies, than I am entitled to receive a pre-retirement death benefit of either a lump sum payment or an immediate or deferred life annuity from the Pension Plan at the date of my eligible spouse's death.

I understand that I may waive my right to receive any pre-retirement death benefit by signing this waiver.

I understand that if I sign this waiver, I will not be paid any pre-retirement death benefit provided under the Pension Benefits Act.

Instead payment will be made to either,

- (a) a beneficiary designated by my spouse; or
- (b) the estate of my spouse

I hereby waive my right to receive any pre-retirement death benefit provided by section 48 of the Pension Benefits Act by signing this waiver in the presence of a witness.

I understand that I may cancel this waiver at any time prior to the date of my spouse's death.

Prior to completing this form, it is suggested that each party obtain independent legal advice concerning their individual rights and the effect of this Waiver.

Dated this _____ day of _____,
(day) (month) (year)

Spouse Signature

Witness Signature (other than employee)

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DECLARATION OF A SPOUSAL RELATIONSHIP

The purpose of this form is to declare an eligible spouse for benefits and pension purposes. This declaration must be completed by the member and his/her spouse.

Please indicate below whether this form is being completed:

- at the time of enrolment in a McMaster University pension or benefit plan
- at the time of a change in the "spousal" relationship

Personal Information

Member's Last Name	First Name and Initials	Social Insurance Number
Spouse's Last Name	First Name and Initials	Social Insurance Number
Home Address		Telephone Number

We have read and understand the definition of spouse as described below.

WE DECLARE THAT (please complete both #1 and #2):

1. We are married to each other **and** are not living separate and apart **OR**

We have lived with each other:

- In a conjugal relationship continuously for a period of not less than three years **and** are not living separate and apart; or
- In a conjugal relationship of some permanence, as the natural or adoptive parents, as defined under the *Family Law Act* (Ontario) of a child, **and** are not living separate and apart, or
- In a conjugal relationship continuously for the entire one (1) year period immediately preceding the date of this Declaration

OR

- There is an Ontario Court Order, a copy of which is attached, that has determined that we are spouses of each other
2. The date of our marriage or the commencement date of our conjugal relationship was _____

Sworn this _____ day of _____, 20____ in _____ Ontario.
(Day) (Month) (Year) (City)

Employee Signature

Witness Signature **

Spouse Signature

Witness Signature **

***The witness signature must be someone other than the Employee and/or Spouse of the employee*

*** Definition of an Eligible Spouse**

The following is a summary of the definition of an eligible spouse for the purpose of this form. Your spouse is

either a man or a woman who at the time of determination of marital status;

- ◆ is legally married to you; or
- ◆ is not legally married to you but has been living together with you, in a conjugal relationship either (i) continuously for a period of not less than three years, or (ii) in a relationship of some permanence and both of you are the natural or adoptive parents of a child (as defined under the Family Law Act of Ontario as amended from time to time); or
- ◆ has been determined to be your spouse under a Court Order in Ontario; or
- ◆ otherwise has cohabitated with you, in a conjugal relationship continuously throughout the immediately preceding one (1) year period

Notwithstanding the above, an employee is considered to have only one spouse at the date any benefit or entitlement is determined.

****Please return this form to Human Resources Services at CSB Room 202, 1280 Main Street West, Hamilton, ON L8S 4L8****

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