McMaster University

POST RETIREMENT BENEFITS CO-PAY FORM

A GENERAL EMPLOYEE INFORMATION

First Name & Initial(s)	Surname	
Employee ID	Policy Number **025018**	Benefit Group: MUFA ☐ Clinical Faculty ☐
Former Department		Pension Election: Monthly ☐ Commuted Value ☐ N/A ☐

CO-PAYMENT OPTIONS

INITIAL ONLY THE SECTION (B, C, D OR E) WHICH APPLIES TO YOU.

B RETIREE ELECTED MONTHLY PENSION

_____ I authorize the University to deduct my contribution to the cost of post-retirement benefits directly from my monthly pension payment in an amount as updated by the University annually.

C RETIREE ELECTED COMMUTED VALUE

_____ I understand that I am required to provide 12 postdated cheques, each year dated the first of each month, to the University to account for my contribution to the cost of post-retirement benefits, in amount(s) as communicated to me by the University. Benefit rates are subject to change effective May 1 each year and increased payments may be required. My participation in the post-retirement benefits co-pay program will cease, and I cannot re-enroll in the event I have not provided sufficient funds over any two month period.

D CLINICAL FACULTY WITHOUT PENSION (FULL TIME APPOINTMENT WITH 10 YEARS OF CONTINUOUS SERVICE)

_____ I understand that I am required to provide 12 postdated cheques, each year dated the first of each month, to the University to account for my contribution to the cost of post-retirement benefits, in amount(s) as communicated to me by the University. Benefit rates are subject to change effective May 1 each year and increased payments may be required. My participation in the post-retirement benefits co-pay program will cease, and I cannot re-enroll in the event I have not provided sufficient funds over any two month period.

E DECLINE COVERAGE

_____ I do not wish to participate in the Post-Retirement Benefit Co-Pay program. I understand that declining this coverage I am permanently opting-out of both health and dental coverage in retirement and cannot re-enroll in post-retirement benefits at a later date.

FIPPA NOTICE

The information 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 maintaining 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.

F FOR HR USE ONLY

Completed By:	Updated in HRIS and Sun Life Systems Completion Date (MM/DD/YYYY)	Cheques Received ☐
Comments:		

_____ _____

Employee Signature Date