



## EXTENDED HEALTH AND DENTAL POSITIVE ENROLMENT FORM FOR RETIREE PLANS

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. **This form replaces any previous information provided.**

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

Retiree Extended Health (Please choose one)  Family  Single      Retiree Dental (Please choose one)  Family  Single

### PART A GENERAL INFORMATION

Last Name	First Name	Employee/Retiree ID
Policy Number  25018	Date of Birth (MM/DD/YYYY)	Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female

### PART B DEPENDENTS DETAILS

**SPOUSE** (see definitions on reverse for further explanation prior to completion)

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship (wife, husband, common law)
If Spouse Works, Employer Name		Enrolled in his/her 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		

**CHILDREN** (see definitions on reverse for further explanation prior to completion)

Last Name	First Name	Date of Birth (MM/DD/YYYY)	Overage Student (Y/N)	Disabled (Y/N)	Gender (Male/Female)	Enrolled in another Plan?	
						Extended Health	Dental

I understand it is my responsibility to notify the University if a spouse or dependent is no longer eligible for coverage 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

\_\_\_\_\_  
Retirement Date      \_\_\_\_\_  
Retiree Benefit Group      \_\_\_\_\_  
Human Resources Signature       Entered into Mosaic

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 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.

## ELIGIBILITY DEFINITIONS AND CO-ORDINATION OF BENEFITS INFORMATION

### DEFINITION OF A SPOUSE

For the purpose of all benefit programs, at any given time a member may qualify no more than one spouse for the purpose of dependent coverage. To qualify, a person must satisfy the definition of "spouse" set out below:

"spouse" means:

1. a person who is married to you (or is your spouse by marriage under any other formal union recognized by law); or
2. a person who has been publicly represented as your spouse for at least the last 12 months.

*Note:* For information purposes, the employee's married spouse ceases to be eligible for benefit coverage when the employee and such spouse are divorced. If the employee is not married, the employee's spouse ceases to be eligible for benefit coverage on the 90<sup>th</sup> day after such person is no longer publicly represented as the spouse of the employee.

Both Spouses Employed at McMaster University If both you and your spouse are covered as subscribers under Policy 25018 (i.e. 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 children and your spouse's children (other than foster children) who are unmarried and under age 21 (or up to age 25 in the case of a full-time student attending an education institution recognized under the Income Tax Act who is entirely dependent on the member for financial support) and for whom you have actual custody or legal financial responsibility. This includes legally adopted children and children for whom you are the legal guardian.

If a dependent child becomes handicapped before the limiting age, coverage will continue so long as:

- the child is incapable of financial self-support because of a physical or mental disability, and
- the child depends on you for financial support, and is not married nor in any other formal union recognized by law..

This is subject to the University/Insurer receiving proof from the member of the dependent child's incapacity no later than 31 days after the dependent child attains the limiting age.

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 Over age 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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