

Teacher- Teacher on Call Benefit Selection Form

Section B2.2. of the Public Education Collective Agreement states that “effective July 1, 1998 TTOC shall be eligible, subject to plan limitations, to participate in the benefit plans of the collective agreement, provided that they pay the full cost of the benefit premiums.”

Please complete the form below indicating which benefit plan(s) you are selecting to enrol in OR opt out of. Dental and Employee Assistance Plan come together (i.e. must take both benefits as one plan) Cost of plans are listed on the TTOC- Benefit Rates TTOC document. Form must be submitted within 3 weeks of TTOC employment start date.

YOU MUST SELECT ONE OPTION FROM EACH BENEFIT PLAN BELOW

DENTAL PLAN AND EMPLOYEE ASSISTANCE BENEFIT PLAN (EAP):

| SELECT | OPTION |
|---------|--|
| ACCEPT | I wish to apply for coverage for Dental and EAP. See ‘conditions for enrolment’ below. |
| DECLINE | I do not wish to apply for coverage for Dental and EAP. I understand that I will not have the option to enrol in these plans with the Burnaby School District while employed as a TOC in the future. |

EXTENDED HEALTH BENEFIT PLAN:

| SELECT | OPTION |
|---------|--|
| ACCEPT | I wish to apply for coverage for Extended Health Benefit Plan. See ‘conditions for enrolment’ below. |
| DECLINE | I do not wish to apply for coverage for Extended Health Benefit Plan. I understand that I will not have the option to enrol in these plans with the Burnaby School District while employed as a TOC in the future. |

CONDITIONS OF ENROLMENT:

- I am not enrolled in the benefits plan in any other school district,
- Once I enroll, it is a condition of my employment that I continue to be enrolled for the remainder of my employment with Burnaby School District,
- If I accept a temporary appointment with another school district and accept their benefits plan, **I am to advise Burnaby School District.** My TOC benefits will then be suspended the first day of the month following notification until return to the District.
- Proof of other coverage must be provided prior to removal/suspension of benefits .
- Coverage will be effective in the following month upon receipt of application.

By signing below, I accept the Conditions of Enrolment/consequences of rejecting coverage and have indicated my preferences above.

| | |
|--|--|
| Date: | |
| Name (typed name serves as signature): | |

Dear Teacher-Teaching-On-Call:

In accordance with the Provincial Collective Agreement, all TTOCs have the option to enrol in the benefits plan of their choice in one school district provided that they pay for the full premiums.

You are eligible to enroll in both or one of benefits Dental/Employee Assistance Benefit Plan AND/OR Extended Health Benefit.

If you opt out of enrolling in both or one of the benefits, you are required to complete the waiver of benefit form .

The Burnaby School District's benefits plan is as follows:

| TTOC MONTHLY PREMIUM CHART | | | |
|-----------------------------------|---|----------------------------|----------------------------------|
| Jul/25 | DENTAL AND EMPLOYEE ASSISTANCE PLAN COST | | EXTENDED HEALTH PLAN COST |
| | Dental | Employee Assistance | Extended Health |
| Single coverage | \$74.68 | \$5.00 | \$153.88 |
| Double coverage | \$149.29 | \$5.00 | \$276.99 |
| Family coverage | \$242.92 | \$5.00 | \$353.93 |

Conditions of Enrolment and Withdrawal

- The Dental Plan and EAP are mandatory for all teachers-on-call who opt to enrol in Burnaby's Plan. If you are able to provide proof of Dental Coverage in another plan and elect not to have 'double' coverage, then the dental plan will become optional.
- For the Dental and EAP if you elect to enrol, **you must remain on the plans while employed as a TOC in the district**. Should you accept a temporary appointment with another school district and accept their benefits plan, **I am to advise the Burnaby School District and provide proof of enrollment**. My TOC benefits will then be suspended the first day of the month following notification.
- All eligible spouses and dependants must be enrolled in your initial application or within 90 days of eligibility (i.e. date of marriage).

Consequences of NOT Enrolling If you elect NOT to enrol, you will not have any further options to participate in the plans while employed as a TTOC. You will be considered for the plans again when you receive your first temporary appointment with Burnaby School District.

Method of Payment Premiums are payroll deducted (payable one month in advance, i.e. September for October premiums) to cover the applicable cost of the benefits you are enrolling in.

Action Required

1. If you do not wish coverage, please complete and return the attached "Waiver of Coverage Form" to Human Resources within three weeks of commencement of TTOC employment.
2. If you wish to apply for coverage for any of the plans, please contact Human Resources. You will then be supplied with additional information brochures detailing the benefits of each plan. Application for coverage must be made within three weeks of commencement of TTOC employment; otherwise a late enrolment penalty will be applied.

NOTE: You will relinquish your opportunity for TTOC Benefits if you have not submitted your enrolment forms within three weeks of commencement of TTOC employment.

Please call Payroll at (604) 296-6900 Extension 661092 or email payroll.department@burnabyschools.ca for additional information relating to pay and benefits.