



Please complete ALL attached Forms and return to:
- Human Resources

4054 Norfolk Street, Bby, BC
Ph: 604-296-6900 x. 661071

TEMPORARY CONTRACT TEACHER
PAYROLL FORMS CHECKLIST

NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

START DATE: \_\_\_\_\_ FTE: \_\_\_\_\_

(TOC Benefits – YES [ ] NO [ ]) (TEAC Benefits – YES [ ] NO [ ])

Compulsory Benefits

Coverage Requested

(S=Single/D=Double/F=Family)

Coverage Declined

(if declining - please provide completed Waiver of Coverage form included in package)

Please initial:

Dental Plan\* \_\_\_\_\_ S [ ] D [ ] F [ ] \_\_\_\_\_

Extended Health Plan\* \_\_\_\_\_ S [ ] D [ ] F [ ] \_\_\_\_\_

(S=Single/D=Double/F=Family)

Manulife Life Insurance (mandatory) \_\_\_\_\_

\* Compulsory unless proof of coverage under another plan is supplied. Please refer to B.T.A. Dental Plan Terms and Conditions on Eligibility.

Documents Required

- Group Insurance Application for Dental (if previously declined as a TOC)
Group Insurance Application for Extended Health
Waiver of Coverage Form (if you are declining benefits)
Manu life Life Application Form
Part-Time Schedule (if applicable)

Please acknowledge that you have received and understood the instructions covering completion of benefit forms with your signature below.

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Typed name serves as signature

FOR OFFICE USE ONLY

- Group Insurance Application Waiver Form Great West Life Schedule