NANAIMO LADYSMITH PUBLIC SCHOOLS

From the Department of Benefits

TEACHER ON CALL BENEFIT FORM

SURNAME	FIRST NAME	EMPLOYEE NUMBER

I hereby certify that I have read and understand the conditions under which I am entitled to benefits under Article 9.7.2 of the Collective Agreement. I understand that once I have received all applicable forms they must be completed and returned within 30 days of receipt of the forms.

I would like to be enrolled in the following benefit plan(s):

☐ **Extended Health** You will apply with Pacific Blue Cross (Form must be signed by Benefits Specialist)

☐ **Dental**
- ☐ Single coverage $61.62/month
- ☐ Couple coverage $121.80/month
- ☐ Family coverage $200.44/month

I am aware that the costs indicated are current rates and that if they change at any time I will be responsible for payment of the increased rates retroactive to the time the rates were changed.

Signature	Date Signed

395 Wakesiah Avenue, Nanaimo, BC V9R 3K6 | Phone 250 741 5229 | Fax 250 741 5309
| benefits@sd68.bc.ca | www.sd68.bc.ca