



Dental Healthcare APPLICATION FOR GROUP COVERAGE

University of Victoria, Pacific Blue Cross Policy 40703

Section 1: Applicant information

Last name	First name	Middle initial	V#:	Date of Birth (dd-mmm-yyyy)
If adding spouse or common law partner, please check: <input type="checkbox"/> Marriage <input type="checkbox"/> Cohabitation (1 year cohabitation required)				

Section 2: Dependents

Dependents must be enrolled when first eligible. New dependents through change of life event (ie. Birth, adoption, marriage, common-law) must be added within 31 days of the event under the terms of our group coverage with PBC. If you are waiving coverage for your dependents because they have insurance with another plan, you can enroll them at a later date by providing written proof that they no longer have coverage with another plan. This must be done within 31 days of the other coverage ending. Dependent children age 21 to 25 must be in full-time attendance at a recognized educational institute.

	Last name	First name	Middle initial	Date of birth (dd-mmm-yyyy)
1 (spouse)				
2 (1 st child)				
3 (2 nd child)				
4 (3 rd child)				
5 (4 th child)				

Section 3: Authorization

Premiums are cost-shared with the University for some Employee Groups. For current rates, check the uvic.ca/hr website.

Employee signature	Date (dd-mmm-yyyy)
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Please return this signed application form to benefits@uvic.ca within 31 days of the start of eligible employment with UVic.