

**University of Victoria, Pacific Blue Cross Policy 41071**

Eligible employment groups: PEA, Management Excluded, Faculty, Librarians

Premiums are fully paid by the employee; for current rates, review pay & benefits on the [uvic.ca/hr](http://uvic.ca/hr) website.

**Section 1: Applicant information**

|           |            |                |     |
|-----------|------------|----------------|-----|
| Last name | First name | Middle initial | V#: |
|-----------|------------|----------------|-----|

**Section 3: Authorization**

I hereby apply for long term disability insurance under the University of Victoria group policy and authorize the University to deduct from my salary contributions required to be made by me in accordance with the provisions of the plan.

|                    |                    |
|--------------------|--------------------|
| Employee signature | Date (dd-mmm-yyyy) |
|--------------------|--------------------|

**Please return this signed application form to [benefits@uvic.ca](mailto:benefits@uvic.ca) within 31 days of the start of eligible employment with UVic.**