



## EMPLOYEE ENROLLMENT FORM

First Name:  Last Name:

Address:

City/Town:  Prov:  Postal Code:

Home Phone:  Cell Phone:

Email:

SIN:

Birth Date:

DD/MM/YYYY

Emergency Contact Name:

Relation:  Phone Number:

### FOR ADMINISTRATION ONLY

Employee Number:

Job Title:  Dept:

New:  Rehire:  Change:  Change Reason:

Level/Range:  Salary:

Start/Change Date:  Pay Period Effective:

DD/MM/YYYY

Payment Type:  Salary:  Hourly:  Contract:

Employment Type:  Permanent:  Term:  Term End Date:

DD/MM/YYYY



## DIRECT DEPOSIT SALARY PAYMENT REQUEST FORM

Date: \_\_\_\_\_  
DD/MM/YYYY

New:  Change:

Employee Name: \_\_\_\_\_

Please provide one of the following:

- a) Attach a current blank cheque marked "Void". The payee's name must be preprinted on the cheque.

OR

- b) Attach an official copy of your banking information in digital or paper format. This document should include the following details:

- Employee's Name
- Institution Number
- Branch number
- Account Number
- Name of Financial Institution
- Address of Financial Institution
- city
- Province
- Phone number of financial institution

**Employee's name must be on the banking information indicating they have authorization on the bank account.**

## Non-Permanent Pension Choice

The Public Employees Pension Plan (PEPP) is a defined contributions pension plan. In this plan, the employee's contributions and employer's contributions, plus any return on investment, will be used to provide the employee with income upon retirement.

As a non-permanent employee with this employer you have the opportunity to enrol in PEPP when you begin working or you may choose to decline. The option to join PEPP is always available to you; however if you decide to enrol at a later date your membership will not be retroactive. Once you join the Plan, you must remain a member until your employment with a PEPP participating employer ends.

Please complete and sign the section below. Your employer Human Resource or Payroll division will retain this declaration.

I, \_\_\_\_\_ hereby declare that I am a non-permanent employee and  
(Please Print)

that I choose:  to participate; or  
 not to participate at this time

in the Public Employees Pension Plan (PEPP) as an employee at \_\_\_\_\_  
(Employer Name)

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Employee's Phone Number

\_\_\_\_\_  
Date (day/month/year)

November 2009

**Please return this form to your employer.**



## Enrolment Form

**SECTION A: EMPLOYEE INFORMATION (Please print)**

Employee Last Name	Employee First Name and Initial	Employee Number
Employer Name		

**SECTION B: ENROLMENT**

I understand that I am required to participate in the Disability Income Plan as a condition of my employment, and I hereby:

- 1) acknowledge that I have received a copy of the Employee Booklet which contains details of the Plan; and
- 2) authorize my employer to deduct and remit to the Plan any amount which may be required by the Plan to provide coverage to me.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date (day/month/year)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date (day/month/year)

**When this form is completed and signed, please return the original to your Human Resources Branch.**

### COMMENTS AND INSTRUCTIONS

1. Participation in the Plan is a condition of your employment.
2. You are covered following three (3) months of continuous employment provided you are actively at work. Deductions begin at this time.
3. The disability benefit is 75 per cent of your basic monthly salary. Full details of the plan are outlined in the Plan Document and Employee Booklet.

The following documents must be submitted when a claim for disability is being made:

1. Disability Income Plan *Enrolment Form*
2. Application for Long-Term Disability Benefits – Employee Statement
3. Application for Long-Term Disability Benefits – Employer Statement
4. Attending Physicians Initial Disability Benefits Statement
5. Job Demands Checklist/Position Description
6. Group Life Insurance Plan *Enrolment Form*



**Nov 2, 2018**

## **WESTERN DEVELOPMENT MUSEUM EMPLOYEE BENEFITS PACKAGE SUMMARY**

### **1. PUBLIC EMPLOYEES PENSION PLAN (PEPP)**

<http://www.wdm.ca/wdmhr/pension.html>

- All employees are required to participate in PEPP except for term employees. Term employees (employees with a defined end date of employment) may contribute on a volunteer basis. Once a term employee elects to participate in PEPP they are required to participate until their employment is terminated with the WDM.
  - Employees contribute 7.5 % of their gross salary. The WDM matches the 7.5% employee contribution.
  - Employees may make additional voluntary contributions, but the employer will not match the additional contribution. Employees are responsible to ensure that contributions don't exceed the maximum contributions as per CRA Guidelines.
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### **2. PUBLIC EMPLOYEES GROUP LIFE INSURANCE (PEGL)**

<http://www.wdm.ca/wdmhr/wellness.html#insurance>

- Participation in PEGL is compulsory for all employees; commencement begins 1<sup>st</sup> day of employment.
  - The Museum pays the first \$14,000 coverage; employees pay the balance.
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### **3. PUBLIC EMPLOYEES DISABILITY INCOME PLAN (PEDIP)**

<http://www.wdm.ca/wdmhr/wellness.html#insurance>

- Disability Benefits are paid out at a rate of 75% of the employee's basic monthly wages excluding overtime pay or any other additional compensation less 7.5% pension contributions. Disability benefits are taxable.
- Pension contributions (employee and employer) are paid out on the employee's behalf directly to the WDM by Great West Life.
- Benefits will be reduced by any amount received from continuing monthly income plans such as:
  - CPP disability benefit, Worker's Compensation, other disability plans or salary continuation from participating employers.
- Participation in PEDIP is compulsory for eligible employees; contributions begin after the probationary period as follows:
  - Full-time employees: 3 months
  - Part-time and term employees: 6 months

- Disability premiums are paid by the employee at a rate of .965 %. They are re-evaluated annually.
  - Participation/coverage ceases upon termination of employment or the last day of the calendar month in which you attain the age of 64 years and 35 weeks.
  - Employees qualify for PEDIP if they are continuously disabled for 119 consecutive calendar days or an accumulation of 85 working days in situations where employees are able to work part-time. PEDIP benefits are paid out by Great West Life and are subject to their approval.
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#### 4. PUBLIC EMPLOYEES DENTAL PLAN (PEDP)

<http://www.wdm.ca/wdmhr/wellness.html#insurance>

- Dental benefits are provided by the Public Employees Benefit Agency (PEBA) through Great West Life Insurance.
- Employees are eligible after 6 months continuous employment
- Eligible expenses incurred during the waiting period will be honoured retroactively to the employee's start date or the previous 6 months.
- The amount of reimbursement is a percentage based on the number of hours worked by the employee.
- Coverage is as follows:

<u>% of Full-Time Hours Worked</u>	<u>% of Maximum Reimbursement Schedule</u>
37.5% - 50% (702+ hours)	50%
51% - 60% (955+ hours)	60%
61% - 70% (1142+ hours)	70%
71% - 74% (1329+ hours)	80%
75% - 100% (1404+ hours)	100%

- Premiums are paid by the employer.
  - Benefits discontinue after termination of employment.
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#### 5. WDM HEALTH BENEFITS (GreenShield)

<http://www.wdm.ca/wdmhr/wellness.html#insurance>

- Extended Health Care coverage is provided by Green Shield.
- Employees are eligible after 6 months on continuous employment and actively working 14 hours per week or more. Coverage is as follows:

<u>Coverage is a percentage based on the number of hours worked in the 6 months preceding eligibility. % of Full-Time Hours Worked</u>	<u>% of Maximum Reimbursement</u>
40%-70% (748+ hours)	70%
71%- 100% (1329+ hours)	100%

- Coverage begins on the date you become eligible.
  - Premiums are paid by the employer.



- New Enrolment       Cancellation of Optional Coverage  
 Change of Name       Optional Coverage Application  
(after 31 days of employment)

## Enrolment Form

The *Designation of Beneficiary* form must be completed and attached to this form.

SECTION A: EMPLOYEE INFORMATION (Please print)		
Employee Last Name	Employee First Name and Initial	Employee Number
Please check one: <input type="checkbox"/> Permanent Employee <input type="checkbox"/> Non-permanent Employee <input type="checkbox"/> Labour Service Employee		
SECTION B: TO BE COMPLETED BY THE EMPLOYEE (See information on reverse)		
Please check the level of insurance requested:		
<b>Basic Life Insurance</b>		
<input type="checkbox"/>	Basic Life Insurance:	Basic coverage is equal to two times (2x) annual earnings.
<b>Optional Life Insurance</b>		
<input type="checkbox"/>	Optional Life Insurance #1:	Optional coverage #1 is equal to Basic Life Insurance PLUS an additional one times (1x) annual earnings to a maximum total coverage of \$500,000.
<input type="checkbox"/>	Optional Life Insurance #2:	Optional coverage #2 is equal to Basic Life Insurance PLUS an additional two times (2x) annual earnings to a maximum total coverage of \$500,000.
<input type="checkbox"/>	Optional Life Insurance #3:	Optional coverage #3 is equal to Basic Life Insurance PLUS an additional three times (3x) annual earnings to a maximum total coverage of \$500,000.
<input type="checkbox"/>	Optional Life Insurance #4:	Optional coverage #4 is equal to Basic Life Insurance PLUS an additional four times (4x) annual earnings to a maximum total coverage of \$500,000.
I authorize my employer to deduct from my salary such amounts as may be required for the above insurance coverage.		
Signature of Employee		Date (day/month/year)
Signature of Witness		Date (day/month/year)
SECTION C: TO BE COMPLETED BY THE EMPLOYER		
Please check one of the following: For Retirements and Death Claims - attach a copy of Optional Coverage approval letter/email if applicable.		
<input type="checkbox"/>	Termination	<input type="checkbox"/> Retirement <input type="checkbox"/> Disability <input type="checkbox"/> Employee Death <input type="checkbox"/> Dependent Death
Employee's Mailing Address (Street, Box #, Ste. #)	City	Province      Postal Code
Employee's Birthdate (d/m/y)	Date of Employment (d/m/y)	Date Last Worked (d/m/y)
Date Premium Last Remitted (d/m/y)	Premiums Paid To (d/m/y)	Amount of Last Employee Premium \$
Basic Annual Salary \$	Total Amount of Insurance in Force \$	Division Number

## **Coverage**

Insurance coverage includes the following:

- employee life
- dependent life (spouse and dependent children)
- accidental death and dismemberment (employee life only)

## **Annual Earnings**

Annual Earnings for a Permanent or Labour Service Employee means basic annual salary rounded up to the next higher \$500 if not already a multiple of \$500.

Annual Earnings for a Non-permanent Employee means basic annual salary as determined by the Non-permanent Employee's Participating Employer.

## **Conversion Option**

The Group Life Insurance policy contains a Conversion Option.

Where the insurance of an employee terminates, the employee and/or spouse may be entitled to purchase an individual policy from the insurance carrier for any amount of insurance up to a maximum of the level in effect immediately prior to the termination of coverage under the Group Life Insurance Plan.

To apply for the conversion option the employee and/or spouse must, within 31 days of coverage terminating:

- contact PEBA at (306)787-3440 to request a Conversion Option Notification Form; and
- contact Great-West Life Assurance at 1-888-495-7275 to make written application for an individual policy, and submit the first premium payment.

The conversion option will not be available if the above steps are not completed within 31 days of coverage terminating under the Plan.

## **Optional Life Insurance Coverage**

If Optional Life Insurance coverage is elected within 31 days of employment, medical evidence of insurability is not required. If Optional Life Insurance coverage is elected after 31 days of employment, an Optional Group Life Insurance Application - Medical and Lifestyle Questionnaire must be reviewed and approved by the Insurance Carrier before the Optional Life Insurance coverage will be granted.

## **Employee Responsibility**

It is the employee's responsibility to keep current on his/her Group Life Insurance coverage.

The employee is responsible for checking with his/her employer in meeting the requirements for continuing Group Life Insurance coverage during any period of lay-off or leave of absence.

If an employee elects to continue Group Life Insurance coverage during a period of lay-off or leave of absence, the Lay-off/Leave of Absence Form must be completed and the premiums paid prior to the commencement of the lay-off/leave of absence.

Failure to pay premiums on a regular and timely basis shall constitute termination of coverage under the Group Life Insurance Plan.

An employee who does not elect to continue coverage waives all rights to make a claim against the Plan while on lay-off/leave of absence.

Coverage under the Group Life Insurance Plan cannot be obtained retroactively.