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TO: Members of CUPE 3906, Unit 1 (TAs and RAs in lieu of TA)

FROM: Rebecca Strung, Benefits & Advocacy Officer, CUPE 3906
Dina LoPresti, Payroll Supervisor, School of Graduate Studies

DATE: August 31, 2011

RE: **CUPE 3906 DENTAL PLAN**

The following information is intended to cover only the highlights of the CUPE Dental Plan. For more information, talk to a knowledgeable person in the CUPE office in Wentworth House, room B108, visit the CUPE website at www.cupe3906.org or consult a copy of the CUPE 3906 Unit 1 Collective Agreement (available online).

1. **Who is covered** - Employees in Classification A are eligible for coverage for any academic year, September 1 to August 31, in which they are contracted to work at least 130 hours. Employees who begin in January and are **not** scheduled to work 130 hours before August 31 are **not** eligible for coverage, as per the Collective Agreement.

2. **Premiums** – Premiums are normally deducted from monthly pay cheques. If you are **not** receiving a pay cheque (or if premiums do not show as a deduction), please contact CUPE 3906. From September 1, 2011 to August 31, 2012 the premium cost per month is:

Individual	-	\$7.04
Family	-	\$62.91

3. **Opt-out Provisions** - You may opt-out of the Dental Plan by completing the 'CUPE DENTAL PLAN OPT-OUT AUTHORIZATION' and by providing the required **proof of coverage** (normally a letter or Insurance ID card from the employer or insurance provider, which **clearly** indicates that dental coverage is in effect for **you**). Once approved, the opt-out will remain in effect until August 31, 2011. If this coverage is cancelled, you should contact CUPE to discuss your options. You must submit the 'OPT-OUT' form and 'proof of coverage' to the CUPE 3906 Office (Wentworth House B108) by Friday, September 9, 2011. Opt-outs must be completed **EACH YEAR** to keep your opt-out status valid.

4. **Family Coverage** - Family coverage is available for both spouse (married, common-law, or same sex) and children. To activate coverage, complete the 'CUPE DENTAL PLAN FAMILY COVERAGE ENROLLMENT AUTHORIZATION' and the attached dependent information form. Once approved, family coverage will remain in effect until August 31, 2011. You must submit the form to the CUPE 3906 Office (Wentworth House, B108) by Friday, September 9, 2011, and forms must be completed **EACH YEAR** in order to keep your family coverage valid. Any change(s) to those enrolled must be made through CUPE 3906.

5. **Deadlines** - **Changes/renewal of coverage status must be made every year and are permitted *only* in September.** Please ensure the completed forms and any required documents are submitted to the CUPE 3906 Office by **September 9, 2011** to ensure that your status is effective September 1. **'Opt-Out' or 'Family Coverage' forms received by September 9 will take effect on September 1. Submissions received from September 9 to September 30 will take effect on October 1. Except in exceptional circumstances, *there will be NO changes permitted after September 30.***

CUPE Dental Plan forms, including opt-out, family coverage and claim forms, are available at the CUPE 3906 Office (Wentworth House B108), or in PDF format at www.cupe3906.org.