

BENEFIT OPTION FORM

TEMPORARY CONTRACT REDUCED TO LESS THAN ½ TIME

Human Resources, Langara College
100 West 49th Avenue, Vancouver, BC V5Y 2Z6

Section 1: Employee Information

Employee ID Number	Department
Last Name	First Name
Below ½ time	FROM (YYYY/MM/DD) TO (YYYY/MM/DD)

Section 2: Benefit Options

- I DO NOT WISH TO CONTINUE THESE BENEFITS**
I understand that by doing so, all such benefit coverage will lapse and I will have no recourse to those benefits during the period that my contract is less than 1/2 time.
- I WISH TO CONTINUE THESE BENEFITS**
Listed below are the benefits you may elect to continue during the period your contract is less than 1/2 time. In the space provided, **please initial each benefit you wish to continue** during this time. Premiums will be collected by payroll deduction to cover the monthly premiums. If you elect to purchase these plans, you may not subsequently opt out of these plans during active employment.

Benefits	Monthly Premiums	Initials
Medical Service Plan	Single: \$66.50 / Couple: \$120.50 / Family: \$133.00	
Pacific Blue Cross Extended Health	Single: \$74.20 / Couple or Family: \$188.50	
Monthly Total:		

Note: The premiums quoted are subject to change by the insurance company at any time.

Section 4: Employee Signature

Employee's Signature	Date
----------------------	------

Please note that if the Payroll Department does not receive this completed form by 30 days from the commencement of your contract dropping below ½ time, these benefits will automatically be discontinued. Responsibility for the timely provision of the form to the Payroll Department rests with you.