

### 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 PURCHASE / 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 PURCHASE / 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.
- If you were enrolled in the Group Life Insurance Plan and your contract drops to less than 1/2 time, you may continue coverage at your own expense (by post-dated cheques or payroll deduction) as long as you are employed.

Benefits	Monthly Premiums	Initials
Medical Service Plan	Single: \$69.25 / Couple: \$125.50 / Family: \$138.50	
Pacific Blue Cross Extended Health	Single: \$76.80 / Couple or Family: \$194.74	
Pacific Blue Cross Dental Plan	Single: \$49.74 / Couple: \$98.73 / Family: \$168.51	
Group Life Insurance		
Voluntary Life Insurance		
Short-Term Disability		
Long-Term Disability		
<b>Monthly Total:</b>		

Note: The premiums quoted are subject to change by the insurance company at any time. Please contact Payroll or Human Resources Department if you have any questions.

### Section 4: Employee Signature

Employee's Signature	Date
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**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.**