

Flex Benefits Enrolment Form

Employee Information	
Employee Name	
Position Title	
Work Location	
Date	
Completed forms must be received by Human Resources- Employee Services within 30 days of receipt. Failure to do so will result in enrolment in default benefits (Life Insurance, Accidental Death and Dismemberment, Long Term Disability). Costs on this form are monthly.	
Enter Salary (found on your offer letter)	
Flex Credit (Employer Cost- Based on choice for Medical Coverage)	
Flex Credit- No Health	
Flex Credit- Single Coverage, Health Option 1	
Flex Credit- Family Coverage, Health Option 1	
Flex Credit- Single Coverage, Health Option 2, 3	
Flex Credit- Family Coverage, Health Option 2, 3	
Medical Coverage (check box for the Flex Option and coverage you are selecting)	
Flex Health- Option 1	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family
Flex Health- Option 2	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family
Flex Health- Option 3	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family

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No coverage required. Explain:	
Dental Coverage (check box for the Flex Option and coverage you are selecting)	
Flex Dental- Option 1	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family
Flex Dental- Option 2	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family
Flex Dental- Option 3	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family
Flex Dental- Option 4	
<input type="checkbox"/>	Employee Only
<input type="checkbox"/>	Employee & Family
No coverage required. Explain:	
Life Insurance	
Accidental Death & Dismemberment (must match Life Insurance Selection)	
<input type="checkbox"/>	Life Insurance – 1 x <i>Earnings</i>
<input type="checkbox"/>	AD&D – 1 x <i>Earnings</i>
<input type="checkbox"/>	Total Coverage
<input type="checkbox"/>	Monthly Cost
<input type="checkbox"/>	Life Insurance – 2 x <i>Earnings</i>
<input type="checkbox"/>	AD&D – 2 x <i>Earnings</i>
<input type="checkbox"/>	Total Coverage

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	Monthly Cost			Monthly Cost	
	Life Insurance – 2.5 x <i>Earnings</i>			AD&D – 2.5 x <i>Earnings</i>	
	Total Coverage			Total Coverage	
	Monthly Cost			Monthly Cost	
	Life Insurance – 3 x <i>Earnings</i>			AD&D – 3 x <i>Earnings</i>	
	Total Coverage			Total Coverage	
	Monthly Cost			Monthly Cost	
Long-Term Disability Insurance					
There are two different tiers of Long-Term Disability Coverage with several options in each tier. Only select one tier for coverage and then one option within that tier.					
LTD Tier One			LTD Tier Two		
This is the default plan. LTD coverage ends at the earlier of age 65 or end of employment.			LTD plan coverage continues until the earlier of eligibility for an unreduced pension under the municipalities plan, with at least 25 years of service in the Pension Plan; age 65; or retirement.		
No Cost of Living Adjustment (COLA)			No Cost of Living Adjustment (COLA)		
	LTD- 50% No COLA			LTD- 50% No COLA	
	Total Coverage			Total Coverage	
	Monthly Cost			Monthly Cost	
	LTD- 60% No COLA			LTD- 60% No COLA	
	Total Coverage			Total Coverage	
	Monthly Cost			Monthly Cost	
	LTD- 66.7% No COLA			LTD- 66.7% No COLA	
	Total Coverage			Total Coverage	
	Monthly Cost			Monthly Cost	

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LTD- 60/50% No COLA			LTD- 60/50% No COLA		
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
With Cost of Living Adjustment (COLA)			With Cost of Living Adjustment (COLA)		
LTD- 50% with COLA			LTD- 50% with COLA		
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
LTD- 60% with COLA			LTD- 60% with COLA		
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
LTD- 66.7% with COLA			LTD- 66.7% with COLA		
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
LTD- 60/50% with COLA			LTD- 60/50% with COLA		
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
Dependent Life Insurance					
Dependent Life- \$5,000/\$2,000 (minimum coverage required if you have a spouse or dependent child)					
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
Dependent Life- \$10,000/\$5000					
Total Coverage			Total Coverage		
Monthly Cost			Monthly Cost		
Dependent Life- \$20,000/\$10,000					

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	Total Coverage	
	Monthly Cost	
	No coverage required (do not have a spouse or dependent child)	
Optional Accidental Death & Dismemberment (refer to page 18 of Flex Enrolment Guide for costs)		
	Optional AD&D- Employee Only	
	Additional Coverage New	Units x
	Optional AD&D- Spouse Only	
	Additional Coverage New	Units x
Optional Life Insurance (refer to page 16-18 of Flex Enrolment Guide for specific details)		
	Optional Life- Employee Only	
	Additional Coverage New	Units x
	Optional Life- Spouse Only	
	Additional Coverage New	Units x
Health Spending Account (HSA)		
	Target an amount of money for HSA	