

# Enrolment Guide: Clinical Fellows

## Instructions for Completion of Employment Forms for Clinical Fellows

Please begin by reviewing the information included in the Enrolment Guide below, which provides a brief overview and instructions for the completion of documents required for payroll and benefit enrolment. Links to additional information and resources can be found at the end of this document. Completed forms may be sent to your HR Representative in advance or brought with you to your Welcome and Orientation Meeting. It is important to provide the appropriate documentation to ensure coverage is in place. Should you have any questions as you review the information and complete the documents, please contact the Faculty of Health Sciences Human Resources at (905) 525-9140 ext. 22207.

### Payroll Enrolment

<b>1. Employee Contact and Deposit Form:</b>	
<p>Collects biographical and contact information for system enrolment; and provides banking information to Payroll to deposit your pay into the back account of your choice.</p>	<ol style="list-style-type: none"> <li><u>Part A</u>: You may disregard this section, as it will be completed with your HR Representative during your Welcome Meeting.</li> <li><u>Part B</u>: Complete employee information section with your personal information.</li> <li><u>Part C</u>: Complete your mailing address.</li> <li><u>Part D</u>: Complete your permanent address if different from your mailing address.</li> <li><u>Part E</u>: Complete emergency contact information with name, relationship and phone number of your emergency contact.</li> <li><u>Part F</u>: Complete deposit information by attaching a cheque marked 'void' or a direct deposit slip from your financial institution.</li> <li>Sign and date the form.</li> </ol>
<b>2. Federal TD1 &amp; Provincial TD1:</b>	
<p>Used to determine the amount of income tax to be deducted from your pay.</p>	<ol style="list-style-type: none"> <li>Complete the top portion of the form with your name, address, birthdate and Social Insurance Number.</li> <li>The basic personal amount is already filled in for you. If that is all you wish to claim, fill in this total claim amount at the bottom of page 1, and sign and date the 2nd page.</li> <li>If you are entitled to any tax exemption other than the basic personal amount or you want to reduce the amount of taxes you pay at the source, you must fill in the applicable sections on both pages of both forms. You may also choose to have additional taxes deducted by filling out the appropriate section on page two of each form.</li> </ol>

### Benefit Enrolment:

<b>1. Extended Health and Dental Positive Enrolment Form:</b>	
<p>Extended Health coverage pays for eligible services for you that are medically necessary for the treatment of an illness, including but not limited to: prescription drugs; vision care; paramedical services; hospital expenses, etc.</p> <p>Dental Care coverage is <u>optional</u> for Clinical Fellows and provides coverage for eligible expenses that you incur for dental procedures. You are responsible for premiums associated with dental care coverage.</p>	<ol style="list-style-type: none"> <li>Select family or single coverage for extended health.</li> <li>Select family or single coverage, or select none for dental.</li> <li><u>Part A</u>: fill in your name, department, Employee ID, employee group, phone extension and birthdate.</li> <li><u>Part B</u>: fill in details about your spouse (if applicable), including: name, birthdate, relationship, employer and indicate whether your spouse is enrolled in their own group benefit plan.</li> <li><u>Part C</u>: fill in the names and birthdates of any dependents.</li> <li>Sign and date the form.</li> </ol>

<b>2. Group Life Insurance:</b>	
<p>The Basic Group Life Insurance plan is provided as a benefit of your employment. The University pays 100% of the cost of the basic life insurance premium.</p> <p>Please complete this form to enroll you in the Basic Group Life Insurance Plan and designate a beneficiary.</p> <p>If you wish to increase your level of coverage beyond the basic plan, you may so do under the Optional Life Plan by completing the Sun Life Health Statement below.</p>	<ol style="list-style-type: none"> <li><b>Part A:</b> fill in your name, department, Employee ID, employee group, phone extension, department and birthdate.</li> <li><b>Part B:</b> Indicate whether you wish to waive the opportunity to increase your level of coverage under the Optional Life Plan (see below) or indicate the requested amount of additional coverage noted as a percentage of your salary. (see further details below).</li> <li><b>Part C:</b> fill in name, relationship and entitlement percentage for all beneficiaries of your life insurance. The entitlement percentage must total 100%.</li> <li>Sign and date the form.</li> </ol>
<b>3. Sun Life Health Statement (Optional Life Insurance):</b>	
<p>Beyond the basic plan, employees may choose to participate in the <b>Optional</b> Group Life Insurance plan, and are responsible for the cost of this benefit. The premiums are payable through biweekly payroll deductions.</p> <p>Additional coverage from 25 to 500% of annual salary (up to a max of \$100,000) can be purchased.</p> <p>You may always elect to increase your coverage at another time.</p>	<ol style="list-style-type: none"> <li>Complete the Group Life Insurance Enrolment Form (above) and indicate that you are applying for Optional Life coverage by entering the requested coverage amount as a percentage of annual salary, in Part B of the form. This amount is recorded in 25% increments up to 500%.</li> <li><b>Section 1:</b> Fill-in your name, Employee ID, salary, reason for application and amount of coverage requested.</li> <li><b>Section 2:</b> Complete the remainder of the form including general information about you, family history, and a brief questionnaire regarding medical information.</li> <li><b>Section 3:</b> Sign and date the form.</li> <li>Once completed you must send the form directly to Sun Life (address included on the form) for approval. Please do not send the completed form to HR as it will contain details of your personal and confidential health history.</li> <li>Sun Life is the approver and will make the determination on whether to grant your coverage request. Sun Life will send you and HR a letter confirming the decision. If approved, payroll deductions will commence within 2 pay periods from HR's receipt of the coverage confirmation.</li> <li><b>Note:</b> Coverage is not in force until confirmation is sent by Sun Life and premiums are being deducted from your biweekly pay deposit.</li> </ol>
<b>4. Voluntary Personal Accident Insurance (Accidental Death &amp; Dismemberment):</b>	
<p>The AD&amp;D plan is an optional insurance plan, insured through Sun Life Financial, which provides employees and their families with coverage in the event of accidental bodily injury. Premium rates are paid by employees who have opted to participate in this benefit plan. <i>Note: Rates listed in the AD&amp;D Booklet are monthly amounts, therefore you will see half the monthly rate deducted at each biweekly pay period.</i></p> <p>You may always elect to begin coverage at another time.</p>	<ol style="list-style-type: none"> <li><b>Part A:</b> Fill-in your name, Employee ID, department, extension and birthdate.</li> <li><b>Part B:</b> Refer to the AD&amp;D Booklet and decide whether you wish to enroll in personal accident insurance at this time. If you wish to enroll, decide whether you wish for employee coverage only, or for family coverage as well. Indicate your choice in Part B: Coverage Election.</li> <li><b>Part C:</b> fill in name, relationship and entitlement percentage for all beneficiaries of your accidental death benefits. The entitlement percentage must total 100%.</li> <li>Sign and date the form.</li> </ol>
<b>5. Declaration of a Spousal Relationship (only required if you are married or in a common-law relationship):</b>	
<p>Declares an eligible spouse for benefit purposes. Must be completed by the employee and his/her spouse.</p>	<ol style="list-style-type: none"> <li>Indicate that the form is being completed at the time of enrolment.</li> <li>Complete Personal Information section, including your name and Social Insurance Number, your spouse's name and Social Insurance Number, address and phone number.</li> <li><b>Sections 1 and 2:</b> Fill-in date of your marriage or commencement of a conjugal relationship, and sign and date the form, along with a witness signature.</li> </ol>

## Required Signatures

### 1. OHIP/UHIP Declaration:

Confirms your coverage in a health insurance program in Ontario, necessary for your enrolment in the Extended Health Plan.

**Ontario Health Insurance Plan (OHIP):** If you are new to Ontario, please be sure to apply for your Ontario Health Card through the OHIP office as soon as possible at 119 King St. West, Hamilton. Visit <https://www.ontario.ca/page/apply-ohip-and-get-health-card> for more information or phone: (905) 521-7100 (it is recommended to call first to make an appointment)

**University Health Insurance Plan (UHIP):** Provides coverage comparable to that of OHIP for Ontario residents. UHIP is mandatory for all McMaster employees and dependents who do not have OHIP coverage. You must enroll in UHIP during your OHIP waiting period. For an appointment, please contact FHS Human Resources, (905) 525-9140 ext. 22207. Visit <http://www.uhip.ca> for more information.

### 2. Freedom of Information and Protection of Privacy Act:

Authorizes McMaster University to collect the information on the forms indicated here and indicates understanding that the information collected will only be used for academic, administrative, employment-related, financial and/or statistical purposes of the University.

### 3. Confidentiality Statement:

Indicates your understanding of maintaining confidentiality of personal, social, health related, protected research and other classified information to which you may have access in the course of your employment at McMaster University.

## Automatic Enrolment

### 1. Employee & Family Assistance Program

With an appointment for 12 months or longer, you have access to McMaster's Employee and Family Assistance Program (EFAP) – Homewood Health. Homewood Health is a professional service that offers counselling, coaching, information and support for a variety of issues relating to: mental health, career, organizational wellness, life balance, recovery management, health management, return to work, family support services and achieving greater personal well-being. All services are strictly confidential and your information will not be shared with McMaster University.

### 2. Travel Benefits

Insured through Sun Life, covers you and your eligible family members for all the services and supplies covered under your group benefits plan, while travelling outside of Ontario.

### 3. Tuition Assistance & Bursary Benefits

As a community, McMaster is dedicated to the pursuit of lifelong learning and skills development. The Tuition Assistance and Bursary Benefits are an expression of that dedication and emphasize the University's commitment to the well-being of its employees and their families.