

Enrolment Guide: Health Sciences Postdoctoral Fellows

Instructions for Completion of Employment Forms for New PDFs

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. 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 your Faculty of Health Sciences HR Partner or the FHS HR general inbox via email at hrlink@mcmaster.ca or via phone at (905) 525-9140 ext. 22207.

Payroll Enrolment

Form Required	1. Employee Contact and Deposit Form:	
YES	Collects biographical and contact; and provides banking information to Payroll to deposit your pay into the bank account of your choice.	<ol style="list-style-type: none"> Part A: You may disregard this section, as it will be completed with your HR Representative during your Welcome Meeting. Part B: Complete employee information section with your personal information. Your Social Insurance Number is required. Part C: Complete your mailing address. Part D: Complete your permanent address if different from your mailing address. Part E: Complete emergency contact information with name, relationship, and phone number of your emergency contact. Part F: Complete deposit information by attaching a direct deposit slip from your financial institution. We do not accept written account numbers. Sign and date the form.
Form Required	2. Federal TD1 & Provincial TD1:	
YES	Used to determine the amount of income tax to be deducted from your pay.	<ol style="list-style-type: none"> Complete the top portion of the form with your name, address, birthdate and Social Insurance Number. If you are entitled to any tax exemption other than the basic personal amount or 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. <i>Please consult a tax professional for additional assistance completing this form.</i> Sign and date on Page 2.

Benefit Enrolment:

Form Required	1. Extended Health and Dental Positive Enrolment Form:	
YES	<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 PDFs and provides coverage for eligible expenses that you incur for dental procedures. You are responsible for premiums associated with dental care coverage, the premiums are follows:</p> <p style="text-align: center;"><i>\$15.12 bi-weekly for single coverage</i> <i>\$56.83 bi-weekly for family coverage</i></p> <p>Please note benefit election needs to be indicated within 30 days of your appointment start date and is binding for the duration of your appointment unless a life event change occurs.</p>	<ol style="list-style-type: none"> Select family or single coverage for extended health. Select family or single coverage, or select none for dental Part A: fill in your name, department, Employee ID, employee group (PDF) phone extension (if applicable), and birthdate. Part B: 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. Part C: fill in the names, birthdate, and gender of any dependents. Sign and date the form.

Form Required	2. Basic Group Life Insurance:	
YES	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>additional coverage noted as a percentage of your salary. (see further details below).</p> <ol style="list-style-type: none"> <u>Part C:</u> fill in name, relationship, and entitlement percentage for all beneficiaries of your life insurance. The entitlement percentage must total 100%. Please note if you have 3 beneficiaries listed, one must be listed as 34% and the other 2 as 33% as they can not be designated in partial percentages. Sign and date the form.
Form Required	3. Sun Life Health Statement (OPTIONAL Additional Life Insurance):	
OPTIONAL (only if additional coverage is being requested)	<p>Beyond the basic life insurance plan, employees may choose to participate in the Optional Group Life Insurance plan. The premiums are 100% employee paid 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"> 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%. We will provide you with the plan information requested on Page 1 after all your enrollment forms are received. <u>Section 1:</u> Fill-in your name, Employee ID, salary, reason for application and amount of coverage requested. <u>Section 2:</u> Complete the remainder of the form including general information about you, family history, and a brief questionnaire regarding medical information. <u>Section 3:</u> Sign and date the form. Once completed you must send the form directly to Sun Life (address included on the form) for approval. <u>Please do not send the completed form to HR as it will contain details of your personal and confidential health history.</u> 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. <u>Note:</u> Coverage is not in force until confirmation is sent by Sun Life and premiums are being deducted from your biweekly pay deposit.
Form Required	4. Voluntary Personal Accident Insurance (Accidental Death & Dismemberment):	
YES	<p>This form needs to be completed whether AD&D is being elected or waived.</p> <p>The AD&D plan is an optional insurance plan which provides employees and their families with coverage in the event of accidental bodily injury. Premium rates are 100% paid by employees who have opted to participate in this benefit plan. <i>Note: Rates listed in AD&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"> <u>Part A:</u> Fill-in your name, Employee ID, department, extension and birthdate. <u>Part B:</u> Refer to the AD&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. <u>Part C:</u> fill in name, relationship, and entitlement percentage for all beneficiaries of your accidental death benefits. The entitlement percentage must total 100%. Sign and date the form
Form Required	5. Declaration of a Spousal Status	
YES	Declares an eligible spouse for benefit purposes.	<ol style="list-style-type: none"> Select the Enrolment check box to Indicate that the form is being completed at the time of enrolment. Complete Employee Information section, including your name, initials, and address.

		3. Part A and B: Indicate if you have an eligible spouse by the definitions listed for the health/dental benefits. If you have an eligible spouse, enter the name and DOB in the appropriate box.
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Required Signatures

Form Required	1. OHIP/UHIP Declaration:
YES	<p>Confirms your coverage in a health insurance program in Ontario, necessary for your enrolment in the Extended Health Plan.</p> <p>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 Ontario's Apply for OHIP and get a health card website for more information or phone: (905) 521-7100 (it is recommended to call first to make an appointment)</p> <p>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 at hrlink@mcmaster.ca or (905) 525-9140 ext. 22207. Visit University Health Insurance Plan for more information.</p>
Form Required	2. Freedom of Information and Protection of Privacy Act:
YES	<p>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.</p>
Form Required	3. Confidentiality Statement:
YES	<p>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.</p>