



THE UNIVERSITY OF BRITISH COLUMBIA

NEWBORN/ADOPTION ENROLMENT FORM FOR GROUP MEDICAL AND DENTAL COVERAGES

Personal information provided on this form is collected pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, RSBC 1996, c. 165 (FIPPA) for the purpose of benefits administration, claims submission and to make any necessary payroll deductions. The information will be used, retained & disclosed by UBC in accordance with FIPPA. For further information, please email benefitsinfo@hr.ubc.ca.

Table with 3 columns: Name of Employee (first name, last name), Employee Identification Number, Department

NEWBORN/ADOPTEE INFORMATION

Table with 3 columns: Name of Newborn/Adoptee (first name, last name), Baby's Gender, Date of Birth (month, day, year). Includes a sub-row for Date of Adoption, if applicable (month, day, year).

Please enroll my newborn/adopted child in the following (check all that apply):

- Medical Services Plan (MSP) Selection of this option alerts UBC to deduct the appropriate Medical Services Plan (MSP) premiums in order for your newborn or adoptee to maintain MSP coverage through the UBC group plan. To ensure that your newborn or adoptee is enrolled in the Medical Services Plan, complete either the Health Insurance BC (MSP) Baby Enrolment form or Vital Statistics Agency Registration of Live Birth form and return either of the completed forms directly to the appropriate BC Government Agency at the time of birth or adoption.
Extended Health Benefits
Dental Benefits
Employee Family and Assistance Program (EFAP)

AUTHORIZATION:

I agree to the conditions of the contract between my employer (UBC) and benefits providers of the above plans. I understand that my dependent(s) and I must be continuously enrolled under a Canadian Federal or Provincial Health Plan in order to participate in the extended health care plan. I authorize UBC to disclose information about my dependent (s) in order to enroll them in the above plans. By enrolling in the above plans, I authorize the following:
The University of British Columbia to use the information collected on this form for benefits administration and to make any necessary payroll deductions,
The providers of UBC's benefits plans, its agents and service providers to use and exchange information collected in this form to underwrite, administer benefits and pay claims.

I agree that all information in this form is true and complete. A photocopy or an electronic version of this authorization is as valid as the original.

Table with 2 columns: Signature, Date Signed (month, day, year)