



Teachers Teaching On Call – Benefits Enrollment Information

Teachers Teaching on Call may enroll in the benefit plans available to teachers in the District. **Teachers Teaching On Call may only enroll in the benefit plans of one district.** Enrollment in the various plans is subject to the requirements of the carriers.

In this School District you can be enrolled in the Pacific Blue Cross, a Dental Plan which provides for a co-insurance of 80% on basic services, 50% on bridges, crowns, etc. and 75% on orthodontics (\$5,000 maximum) and Employee and Family Assistance Program (EFAP) which helps employees get free, confidential, professional, counseling assistance to address personal concerns for themselves and their dependent family members. Coverage starts October 1, 2021 and ends September 30, 2022.

The agreement provides that the full monthly premium costs will be borne by the Teachers Teaching On Call. For your information the current monthly premiums are listed in the attached sheet.

The dental plan and EFAP premiums are based on ten monthly premiums per school year. Premiums are subject to change and you will be responsible for any increases.

Should you wish to enroll you must contact Breanne Heslop, Payroll & Benefits Manager (bheslop@sd79.bc.ca) or 748-0321 Ext.211, at the School Board Office, by September 20th, to complete the necessary enrollment forms. At that time you will be required to provide the District with a sufficient number of post-dated cheques to pay the premiums.

Information regarding current premium costs is also available on the web at www.sd79.bc.ca under Human Resources, TTOC Benefits Premiums.

Under the terms of the coverage, once you have enrolled you cannot withdraw until June 30th unless you meet one of the following criteria:

1. You accept a contract with another school district
2. You take a leave of absence and leave the country
3. Your spouse gains benefits through his/her employment

Should you waive enrollment in the plans when first eligible, you can only subsequently be enrolled if the reasons for non-enrollment was one of the three above, or you are currently receiving benefits from another employer and are no longer eligible.

Please note that **Extended Health Benefits are available through a provincial TTOC plan**, administered by Pacific Blue Cross. Please refer to the attached application for premium details and contact information for enrolment.



COWICHAN VALLEY
School District

TEACHERS TEACHING ON CALL - BENEFITS PREMIUMS
2021-2022 School Year

TTOC's are eligible to participate in the Teacher benefit plans, provided that they pay the full cost of benefit premiums.

MONTHLY COSTS

	SINGLE	COUPLE	FAMILY	
Dental premium	46.31	91.90	149.87	(10 month premiums only)
EFAP	7.50	7.50	7.50	(10 month premiums only)

ANNUAL COSTS

	SINGLE	COUPLE	FAMILY
Dental premium	463.10	919.00	1498.70
EFAP	75.00	75.00	75.00

(Premiums subject to change)

Note: **Extended Health Benefits** are available through a provincial TTOC plan, administered by Pacific Blue Cross. Further information about this plan and the application can be accessed at the SD79 website under Payroll and Benefits/Forms and Documents

I wish to enroll in:

Annual premium cost as outlined above:

Extended Dental \$_____

EFAP \$_____

Total Annual Cost \$_____

÷ 10 cheques = \$_____ per cheque

Please provide 10 equal cheques made out to Cowichan Valley School District, each dated for the 15th of the month, from September to June

Formal Signature

Please print full name

Date

OFFICE USE ONLY

Policy number 79626	Division 1	Sub-division	Class 1	Effective date (mm-dd-yyyy)
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PART 1 — APPLICANT INFORMATION

First name	Last name	Middle initial	Birthdate (mm-dd-yyyy)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street address	City	Province	Postal code	
Mailing address (if different from above)	City	Province	Postal code	
Email address	Daytime phone number (10 digits)			
Have you previously had coverage under a School District Plan as a Teacher or TTOC? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, policy number 200 _____	Member ID

PART 2 — EXTENDED HEALTH CARE: Rates are subject to change

- I am applying for Extended Health Benefits
- Monthly Rates: Single \$143.56 Couple \$266.85 Family \$343.46

PART 3 — DEPENDENT INFORMATION: Check Extended Health Care box for each dependent if applying for coverage

FIRST NAME	LAST NAME	MIDDLE INITIAL	BIRTHDATE	GENDER	NAME OF SCHOOL OR DETAILS OF DISABILITY*	EXTENDED HEALTH CARE
Spouse			(mm-dd-yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>
First child			(mm-dd-yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>
Second child			(mm-dd-yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>
Third child			(mm-dd-yyyy)	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>

*Complete this section if child is over age 19 and attending school full-time, or is disabled. If you have additional dependents, list them in Part 6 — Additional Information on page 2.

PART 4 — ACCOUNT HOLDER(S) INFORMATION (Policy sponsor, if different from member)

Last name	First name			
Last name	First name			
Business name (if applicable)				
Street address	City	Province	Postal code	Daytime phone number (10 digits)

PART 5 — PAYMENT METHOD (Choose one method below)

- Pre-authorized debit (PAD)** — Attach a cheque marked VOID or a pre-authorized payment form provided by your bank that identifies your branch and account information. This will only apply to the payment being withdrawn from your banking account (PAD). If you wish to change your banking information to receive claims payments in that same account, please contact us. The only frequency available for PAD is monthly. Pre-authorized payment account type: Business Personal.

- Credit card** VISA MasterCard American Express

Name on credit card	Last 4 digits of credit card	Expiry date (mm-yyyy)
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Once we receive your authorization form, we will contact you to obtain the credit card number.

PART 6 — AUTHORIZATION

I (We) authorize PBC to make deductions, from the credit card or bank account indicated, either through monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under the Member's policy. Each debit will occur on or about the first business day of the month, beginning on the effective date of coverage.

I (We) agree to waive the requirement for PBC to notify me (us) of this authorization before the first payment is processed and any subsequent monthly regular payment.

The withdrawal amount is considered variable under the Payments Canada rules.

PBC will provide me (us) at least three (3) business days written notice should there be a change in either the amount of the monthly regular payment or premium due date. Any notices, to be sent under this agreement, will be sent to the Member's most recent address that PBC has on record at the time a notice is sent.

All persons, whose signatures are required to sign on this account, have signed this authorization.

Pacific Blue Cross may terminate coverage, or change the method of payment with written approval of the Policy Sponsor to another qualifying method, should a withdrawal be refused for any reason.

Pacific Blue Cross will charge a fee for any withdrawal that is not honoured.

I (We) will notify PBC in writing of any changes in the account information or termination of this authorization within ten (10) business days prior to the next debit.

I/We have certain rights if any debit does not comply with this agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit payments.ca.

Account/card holder's signature

X

Date (mm-dd-yyyy)

Second account/card holder's signature (if required)

X

Date (mm-dd-yyyy)

PART 7 — APPLICANT SIGNATURE

I agree to the conditions of the contract between my plan sponsor and Pacific Blue Cross (PBC). I confirm that the information I have provided is true and complete.

If I should receive a settlement or a judgement against a liable third party for wage loss or benefits covered under my group plan, I agree to and authorize the third party to reimburse PBC up to the amount advanced to me pending such settlement or judgement.

I understand and consent that some of the personal information provided by me and my dependents under this group plan may be disclosed to agents and representatives of PBC and other providers/insurers and their agents and representatives for the purposes of assessing and providing benefits coverage. I also understand and consent to the disclosure of this personal information to my plan sponsor when required or permitted by contract between PBC and my plan sponsor; and to the retention, use and disclosure of this personal information in accordance with PBC Privacy Policy. The privacy policy is available online at pac.bluecross.ca or by calling Pacific Blue Cross at 604 419-2000.

Applicant's signature

X

Date (mm-dd-yyyy)

PART 8 — EMPLOYER/PLAN ADMINISTRATOR

Name of company/organization

Employee ID number

School district number

Eligible date (mm-dd-yyyy)

Please check box if this employee is an eligible TIOC with your School District

Employer/Plan administrator's signature

X

Date (mm-dd-yyyy)

PART 9 — OTHER COVERAGE

Complete this section if you previously waived coverage for yourself and/or any of your dependents and are applying after the 90 day enrollment period:

Benefits covered under the other plan: EHC

Is the plan still active? Yes No — termination date (mm-dd-yyyy): _____

PART 10 — ADDITIONAL INFORMATION

WHAT YOU NEED TO KNOW

ELIGIBILITY

- This plan is only available to Teachers Teaching on Call. Individuals covered under the plan must be covered under a provincial medical plan.
- You must enroll in this plan for a minimum of 12 months unless you obtain group coverage through another plan.
- If you are transferring between the District plan and the Teachers on Call plan, please note that your claims history will follow you between plans. If you are charged the deductible twice in error, please contact our call center to request an adjustment.

APPLICANT

- If you have a disabled child, provide complete details of the disability such as the nature of the disability, date of onset and prognosis for recovery. His or her coverage will be continued beyond the normal age permitted under your plan if certain criteria are met.
- Enrolment effective date is always 1st of the month. Terminations on the plan are at the end of the month.

WAIVING GROUP BENEFITS

- If another plan covers you/your dependent(s) for Extended Health Care benefits, you may waive such benefits under this plan.
- If you waive coverage, you may enroll yourself, your spouse and/or dependents at a later date only if you provide proof of continuous coverage since the termination of your coverage. You must provide the same proof for your spouse and/or dependents if you wish to enroll them. You must apply to enroll yourself, your spouse and/or dependents within 90 days of the termination of your other continuous coverage.
- **Failure to return this application will be treated as if you waived coverage.**
- You must complete *Part 1 — Applicant Information* and *Part 3 — Dependent Information* (if applicable) even if you or your spouse and/or dependents are waiving coverage.

TIPS FOR COMPLETING THIS APPLICATION

1. Check to ensure all sections of the form have been completed.
 2. If all of the requested information is not provided, this form will be returned to you for completion.
- ! INCOMPLETE INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION.**



MAIL YOUR APPLICATION

Pacific Blue Cross
PO Box 7000, Vancouver, BC V6B 4E1



DROP IT OFF

4250 Canada Way
Burnaby, BC V5G 4W6



FAX IT

604 419-2199



EMAIL IT

inhealth@pac.bluecross.ca



Benefits to the Employee/Employer

- A free confidential counselling service for employees and eligible family members.
- No limit to the number of sessions per individual or family.
- When family members' issues are resolved, the employee can focus more on work.
- Decreased amount of time off due to personal problems.
- Increased productivity as a result of higher employee well being.
- Decreased employee accidents due to addiction issues.
- We are a locally based EFAP provider attending to local needs.

To make an appointment

- Call Vancouver Island Counselling directly to schedule an appointment.
- Late afternoon or early evening appointments available.
- All Vancouver Island Counselling employees live and work in your local communities and are well acquainted and familiar with local resources.

It's Your Choice!



Our logo symbolizes the interdependence of employees, employers and the community

Our Mission Statement

With compassion, respect and integrity we help people to build hope, growth and well-being

Your Employee & Family
Assistance Program

Vancouver Island Counselling

Duncan: (250) 746-6900
Nanaimo: (250) 754-8222
Port Alberni: (250) 723-7001

Lower Mainland / Victoria:
Toll Free: 1-877-746-6911

www.vancouverislandcounselling.com

With affiliated offices across Canada

Vancouver Island Counselling



**South Vancouver Island
Assessment & Resource
Service Society**

**Your Employee & Family
Assistance Program (EFAP)**

*Creating healthy employees,
families, and communities*

Who we are and what we do

Vancouver Island Counselling is a non-profit society supported and administered by local employers, unions and employee groups. Our purpose is to provide counselling assistance to affiliated employees, retirees and their eligible family members who are dealing with personal concerns. At Vancouver Island Counselling professionally trained counsellors provide **prompt, direct and confidential counselling.**

Services include:

- assessment of issues
- short term counselling
- referrals to appropriate community resource agencies, if required.
- case management
- and a resource lending library.

Services to worksites may include:

- presentations about our services
- workshops on topics such as stress management, communication skills and other workplace issues.
- immediate access to consultation and support for Critical Incident Stress Debriefing to help employees deal with the trauma of accidents which happen on the worksite.

The Employee and Family Assistance Program (EFAP)

- Is a component of your employee benefit program.
- Encourages people with personal concerns to get help as soon as possible before issues seriously affect family and work life and individual health and safety.
- Focuses on prevention, intervention and wellness around concerns such as:
 - relationship/marital conflict
 - parenting challenges
 - psychological/emotional issues (eg. stress, depression, anxiety)
 - alcohol and drug use issues
 - legal or financial concerns
 - critical incident stress
 - loss and grief

The Assessment and Resource Service

- Provides counselling services for your EFAP.
- Professional counselling is available to individuals, couples and dependant family members at no charge to the client.
- If specialized services are required the counsellor assists you in connecting with the appropriate person or resources where you will receive further help (some cost may occur if referred on for additional counselling and it is not covered by the employee's benefit package or government subsidized program). Our experience is that many situations are successfully dealt with through short term counselling and no referral is necessary.
- Maintains a resource lending library.

Are Vancouver Island Counselling services confidential?

Yes! Vancouver Island Counselling and its staff are independent of the organizations they serve. This autonomy and the location of our offices away from the worksite, help insure Vancouver Island Counselling's commitment to confidentiality. Workplaces have no access to client information. All of our counsellors are governed by a Professional Code of Ethics. Confidentiality is the cornerstone of our program. We have been serving organizations and families for over 30 years.

How to make contact...

If you have a personal concern or want information on prevention or wellness you can...

...seek information from an EFAP representative in the workplace. EFAP representatives are selected and trained employees who can provide information on all aspects of the program. They do not have a counselling function.

...or, call Vancouver Island Counselling directly. The phone numbers are on the back of this brochure.

