WEST VANCOUVER SCHOOLS
A world of opportunity

DECLINING HEALTH AND WELFARE PLAN BENEFIT COVERAGE

Employees of School District 45 are entitled to coverage of premiums associated with the Provincial Medical Services Plan (MSP), Dental or Extended Health Benefits (EHB) plans. The specific details associated with your entitlements are laid out either in your contract or your collective agreement. This form is for employees who wish to opt out of MSP, extended health benefit and/or dental coverage. In filling out this form you are agreeing that you have reviewed your plan entitlements and have made an informed decision that you do not want the Board to cover the costs associated with one or all of your health and welfare benefit plans (MSP, EHB or dental).

Please note - if you choose to change this at a later date please contact the payroll department (payroll@sd45.bc.ca).

Provincial Medical Services Plan (MSP)

Under the Medicare Protection Act, enrollment with MSP is mandatory for all eligible BC residents. MSP covers the cost of medically required services provided by physicians and supplementary health care practitioners. If you choose to decline coverage through the West Vancouver School Board, please ensure you have MSP coverage through a spouse or other employer.

Please check mark and initial beside your response.

☐ YES I have read the above and am declining MSP coverage _____

☐ NO I want the employer to provide MSP coverage as per my entitlements under contract or the collective agreement _____

Extended Health and Dental Coverage

By indicating that you are declining extended health and dental coverage you will no longer be covered for these expenses through the WVSB extended medical plans. The election to opt out of extended health and dental coverage is entirely voluntary. The WVSB is not responsible for any expenses incurred after you opt out of the plan for yourself or your dependents. Please be advised that the WVSD plan allows members to have coverage under more than one plan (ie. members may also be covered under a spouse or partner's plan).

Please check mark and initial beside your response.

☐ YES I have read the above and am declining Dental coverage _____

☐ NO I want the employer to provide Dental coverage as per my entitlements under contract or the collective agreement _____

☐ YES I have read the above and am declining EHB coverage _____

☐ NO I want the employer to provide EHB coverage as per my entitlements under contract or the collective agreement _____

Name (printed) _____

Signature _____ Date _____