

Internal Use Only:
Date Received: _____
Entered: MFTS <input type="checkbox"/> GSC <input type="checkbox"/> SS <input type="checkbox"/>

## 2023/2024 OPTIONAL INSURANCE APPLICATION

Name \_\_\_\_\_

UBCP # \_\_\_\_\_

### MAINTAIN CLASS LEVEL:

If your 2023/24 class level is lower than your 2022/23 class level, you can pay a premium to maintain your coverage at last year's level. Please refer to your Insurance Statement for class level and premiums. Buying a higher class than your previous year's level is not permitted.

### ADD OR RENEW DEPENDENT COVERAGE:

**Renewing** Dependent coverage: Refer to your Insurance Statement for renewal premiums. Contact the MBT office if you need to make changes to the dependents listed on your account.

**Adding** Dependent coverage: Contact us to provide your dependents information (name and birthdate). Dependent coverage is only available at the beginning of the plan year unless you experience a life event ( i.e. marriage, birth of child) during the year.

### OPTIONAL LIFE AND AD&D INSURANCE:

Contact the MBT office for information. Optional Life and AD&D insurance is subject to medical underwriting and approval by the Insurance Company. If you have previously applied for and have been approved for optional Life and/or AD&D insurance, your renewal information was mailed to you under separate cover.

### PREMIUMS AND METHOD OF PAYMENT - DUE JULY 17, 2023 (Payment plan option available upon request)

Maintain Health and Dental Class	\$
Dependent Coverage	\$
PST Ontario (8%) and Quebec (9%) ONLY	\$
TOTAL ANNUAL PREMIUM	\$

CASH OR CHEQUE/MONEY ORDER FOR THE FULL AMOUNT MADE PAYABLE TO **MEMBER BENEFITS TRUST**. There will be a \$35.00 Fee on NSF cheques.

E-TRANSFER - Send to [sarah@mbt.ca](mailto:sarah@mbt.ca) and use Benefits2023 as the security answer. Include your Name and UBCP # in the notes.

VISA/MASTERCARD

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

### REIMBURSEMENT FROM HCSA:

You may have available HCSA dollars that could be used to reimburse a portion of your optional insurance premium. By checking this option you authorize the MBT to submit confirmation of payment to GSC. GSC will then process a claim to your HCSA account and reimburse you the eligible amounts up to your available HCSA limit.

### AUTHORIZATION:

I hereby request the changes to my Benefit Plan as selected on this form and if the HCSA option is checked, I authorize the submission of confirmation of payment to GSC in order for GSC to process my HCSA claim. I understand that reimbursement from my HCSA will be based on eligible expenses and available HCSA dollars.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 2023/2024 PREMIUMS CHART

### UNDER AGE 70

<b>UPGRADE PREMIUMS</b>	<b>TO: CLASS 2</b>	<b>TO: CLASS 3</b>	<b>TO: CLASS 4</b>	<b>TO: CLASS 5</b>	<b>TO: CLASS 6/7</b>
<b>FROM: CLASS 0/1</b>	\$395.24	\$697.16	\$882.45	\$1,110.11	\$1,496.89
<b>FROM: CLASS 2</b>	-	\$316.91	\$502.20	\$729.87	\$1,116.65
<b>FROM: CLASS 3</b>	-	-	\$200.29	\$427.96	\$ 814.74
<b>FROM: CLASS 4</b>	-	-	-	\$242.66	\$ 629.45
<b>FROM: CLASS 5</b>	-	-	-	-	\$ 401.78

<b>DEPENDENT PREMIUMS</b>	<b>CLASS 2</b>	<b>CLASS 3</b>	<b>CLASS 4</b>	<b>CLASS 5</b>	<b>CLASS 6/7</b>
<b>ONE DEPENDENT</b>	\$395.42	\$589.14	\$ 596.52	\$1,046.15	\$1,502.64
<b>MORE THAN ONE DEPENDENT</b>	\$741.13	\$1,171.58	\$1,273.68	\$2,093.90	\$2,978.12

### AGE 70 & OVER\*

<b>UPGRADE PREMIUMS</b>	<b>TO: CLASS 2</b>	<b>TO: CLASS 3</b>	<b>TO: CLASS 4</b>	<b>TO: CLASS 5</b>	<b>TO: CLASS 6/7</b>
<b>FROM: CLASS 0/1</b>	\$350.84	\$652.76	\$1,237.65	\$1,465.31	\$1,852.09
<b>FROM: CLASS 2</b>	-	\$316.91	\$ 901.80	\$1,129.47	\$1,516.25
<b>FROM: CLASS 3</b>	-	-	\$ 599.89	\$ 827.56	\$ 1,214.34
<b>FROM: CLASS 4</b>	-	-	-	\$ 242.66	\$ 629.45
<b>FROM: CLASS 5</b>	-	-	-	-	\$ 401.78

<b>DEPENDENT PREMIUMS</b>	<b>CLASS 2</b>	<b>CLASS 3</b>	<b>CLASS 4</b>	<b>CLASS 5</b>	<b>CLASS 6/7</b>
<b>ONE DEPENDENT</b>	\$351.62	\$545.34	\$ 952.32	\$1,401.95	\$1,858.44
<b>MORE THAN ONE DEPENDENT</b>	\$697.33	\$1,127.78	\$1,629.48	\$2,449.70	\$3,333.92

\* If you turn 70 between June 1, 2023 and May 31, 2024, please contact the MBT office for your adjusted annual premium.

Completed forms can be returned to:  
**Member Benefits Trust**  
 300 – 380 West 2<sup>nd</sup> Avenue  
 Vancouver, BC V5Y 1C8

Please contact us with any questions:  
**Phone: 604-689-0727 ext. 2231**  
**E-Mail: [info@mbt.ca](mailto:info@mbt.ca)**