

Internal Use Only:

Date Received: _____

Entered: MFTS GSC SS

2024/2025 OPTIONAL INSURANCE APPLICATION

Name _____

UBCP # _____

MAINTAIN CLASS LEVEL:

Please refer to your Insurance Statement for benefit level. If your 24/25 benefit level is lower than your 23/24 benefit level, you can pay a premium to maintain your coverage at last year's level. Buying to a level that is higher than your level in the previous year is not permitted.

ADD OR RENEW DEPENDENT COVERAGE:

Renewing Dependent coverage: Refer to your Insurance Statement for your renewal premium. 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 15, 2024 (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 and use Benefits2024 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 HCSAdollars 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 process a claim to your HCSA account and reimburse you the eligible amounts up to your available HCSA limit. This is a reimbursement option and full payment must be made to the MBT before choosing this option.

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 so that my HCSA claim can be processed. I understand that reimbursement from my HCSA will be based on eligible expenses and available HCSA dollars.

Signature

Date

2024/2025 PREMIUMS CHART

UNDER AGE 70

UPGRADE PREMIUMS	TO: CLASS 2	TO: CLASS 3	TO: CLASS 4	TO: CLASS 5	TO: CLASS 6/7
FROM: CLASS 0/1	\$420.72	\$740.15	\$936.19	\$1,177.05	\$1,586.27
FROM: CLASS 2	-	\$334.42	\$530.46	\$771.33	\$1,180.55
FROM: CLASS 3	-	-	\$211.04	\$451.91	\$ 861.12
FROM: CLASS 4	-	-	-	\$255.87	\$ 665.08
FROM: CLASS 5	-	-	-	-	\$ 424.22

DEPENDENT PREMIUMS	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6/7
ONE DEPENDENT	\$421.55	\$626.50	\$ 634.31	\$1,110.02	\$1,592.99
TWO OR MORE DEPENDENTS	\$787.30	\$1,242.72	\$1,350.75	\$2,218.53	\$3,154.04

AGE 70 & OVER*

UPGRADE PREMIUMS	TO: CLASS 2	TO: CLASS 3	TO: CLASS 4	TO: CLASS 5	TO: CLASS 6/7
FROM: CLASS 0/1	\$370.32	\$689.75	\$1,285.39	\$1,526.25	\$1,935.47
FROM: CLASS 2	-	\$334.42	\$ 930.06	\$1,170.93	\$1,580.15
FROM: CLASS 3	-	-	\$ 610.64	\$ 851.51	\$ 1,260.72
FROM: CLASS 4	-	-	-	\$ 255.87	\$ 665.08
FROM: CLASS 5	-	-	-	-	\$ 424.22

DEPENDENT PREMIUMS	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6/7
ONE DEPENDENT	\$371.15	\$576.10	\$ 983.51	\$1,459.22	\$1,942.19
TWO OR MORE DEPENDENTS	\$736.90	\$1,192.32	\$1,699.95	\$2,567.73	\$3,503.24

* If you turn 70 between June 1, 2024 and May 31, 2025, please contact the MBT office for your adjusted annual premium.

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

Please contact us with any questions:
Phone: 604-689-0727 ext. 2231
E-Mail: tunde@mbt.ca