

Internal Use Only:

Date Received: _____

Entered: MFTS GSC SS

2025/2026 OPTIONAL INSURANCE APPLICATION

Name _____

UBCP # _____

MAINTAIN CLASS LEVEL:

Please refer to your Insurance Statement for benefit level. If your 25/26 benefit level is lower than your 24/25 benefit level, you can pay 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, 2025 (Payment plan option available)

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 Benefits2025 as the security answer, if prompted. Include your Name and UBCP # in the notes.

VISA/MASTERCARD (If emailing please password protect the file and use Benefits2025 as the password).

Card Number: _____ Expiry Date: _____ CVV: _____

Name on Card: _____ Signature: _____

REIMBURSEMENT FROM HCSA:

A portion of your optional insurance premiums may be eligible for reimbursement from your Health Care Spending Account (HCSA). Please log in to your account at www.greenshield.ca to submit a claim for premiums paid.

AUTHORIZATION:

I hereby request the changes to my Benefit Plan as selected on this form.

Signature

Date

2025/2026 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	\$456.26	\$807.62	\$1,023.26	\$1,288.22	\$1,738.36
FROM: CLASS 2	-	\$366.36	\$582.01	\$846.96	\$1,297.10
FROM: CLASS 3	-	-	\$230.64	\$495.60	\$ 945.74
FROM: CLASS 4	-	-	-	\$279.96	\$ 730.09
FROM: CLASS 5	-	-	-	-	\$ 465.14

DEPENDENT PREMIUMS	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6/7
ONE DEPENDENT	\$457.16	\$682.61	\$ 691.20	\$1,214.48	\$1,745.75
TWO OR MORE DEPENDENTS	\$859.50	\$1,360.45	\$1,479.28	\$2,433.85	\$3,462.90

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	\$405.86	\$757.22	\$1,372.46	\$1,637.42	\$2,087.56
FROM: CLASS 2	-	\$366.36	\$ 981.61	\$1,246.56	\$1,696.70
FROM: CLASS 3	-	-	\$ 630.24	\$ 895.20	\$ 1,345.34
FROM: CLASS 4	-	-	-	\$ 279.96	\$ 730.09
FROM: CLASS 5	-	-	-	-	\$ 465.14

DEPENDENT PREMIUMS	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6/7
ONE DEPENDENT	\$406.76	\$632.21	\$1,040.40	\$1,563.68	\$2,094.95
TWO OR MORE DEPENDENTS	\$809.10	\$1,310.05	\$1,828.48	\$2,783.05	\$3,812.10

* If you turn 70 between June 1, 2025 and May 31, 2026, 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

Or by e-mail: sarah@mbt.ca (use Benefits2025 for password protected files)

Please contact us with any questions:

Phone: 604-689-0727 ext. 2261

E-Mail: sarah@mbt.ca