Flex Plan Option Change Form

Employee Name (Print): ____

FLEX PLAN OPTION CHANGE

A change in Flex Plan Option may only occur within 60 days of a prescribed Life Event or at bi-annual Flex Plan re-enrolment.

Full details on the Flex Plan, including the Flex Plan Enrolment Guide and Flex Plan Options Summary, can be found on Human Resources' Employee Benefits/Flex Plan Benefits webpage. We recommend that you review this information prior to selecting a Flex Plan Option.

I request a change in my Flex Plan Option based on the following prescribed Life Event:

____ which occurred on ______________________(date).

Please see reverse for prescribed Life Events and supporting documentation requirements.

Employees must enroll according to their true family status

I wish to change my Flex Plan Option as indicated below (X):

☐	Option 1	Ambulance/Semi-Private Hospital Travel Health Health Spending Account - $1,500 Employee Cost - $0	Drugs – N/A Extended Health – N/A Dental – N/A Vision – N/A
☐	Option 2	Ambulance/Semi-Private Hospital Travel Health Health Spending Account - $500 Employee Cost - $0	Drugs – 50%, Drug Card and Dispensing Fee Deductible* Extended Health – 50% Dental – 50% Basic, 50% Major Vision – 50%, $350
☐	Option 3	Ambulance/Semi-Private Hospital Travel Health Health Spending Account - $350 Employee Cost - $0	Drugs – 80%, Drug Card – N/A Extended Health – 80% Dental – 80% Basic, 60% Major Vision – 100%, $250
☐	Option 4	Ambulance/Semi-Private Hospital Travel Health Health Spending Account – N/A Employee Annual Cost: Single $180.00/Couple $360.00/ Family $528.00**	Drugs – 100%, Drug Card and Dispensing Fee Deductible* Extended Health – 100% Dental – 100% Basic, 75% Major Vision – 100%, $350

*Flex Options 2 & 4 include a Drug Card and a Dispensing Fee Deductible. This means you will pay a deductible equal to the dispensing fee each time you fill a prescription. The remainder of eligible prescription costs will be paid by the plan subject to the coinsurance amount, if applicable.

**The costs of all Flex Plan benefits are reviewed annually. If you choose Flex Option 4, you will be notified of any change to the Employee Annual Cost.

I hereby authorize payroll deductions, if applicable, and confirm that I have read and understood the Collection of Personal Information Statement on the reverse side of this form.

Employee Signature: ____ Date: _________________________

Collection of Personal Information Statement

Your personal information provided herein as well as any other personal information currently held or collected in the future by the University is collected for the purpose of administering the terms of the group health policy of which you are an eligible member. The information may be used by authorized University personnel and disclosed to the University's benefit consultant, the University's benefits service provider, government and regulatory authorities when required to administer the benefits under the group health policy of which you are an eligible member.

Your personal information will be kept confidential and secure, and is collected under 36(1) of the Freedom of Information and Protection of Privacy Act. If you have any questions regarding this collection contact the Manager, Pay and Benefits, 515 Portage Avenue, Winnipeg, MB R3B 2E9, 204-786-9890 or at m.betcher@uwinnipeg.ca.

Prescribed Life Events		Supporting Documentation Requirements
1	Addition of an eligible spouse	Health Plans Change Form
2	Addition of an eligible dependent child	Health Plans Change Form
3	Removal of a spouse due to death, separation or divorce	Health Plans Change Form
4	Removal of an ineligible dependent child if this results in a change in Family Status (e.g. Family to Couple)	Health Plans Change Form
5	Your spouse gains coverage through his/her own employer's group health insurance plan	Letter from spouse's employer confirming effective date of coverage.
6	Your spouse loses coverage through his/her own employer's group health insurance plan	Letter from spouse's employer confirming effective date of loss of coverage.

All change forms are submitted to Human Resources for processing.