UBC automatically enrolls employees in the pension, basic life insurance, disability benefits plan and the Employee and Family Assistance plans because these benefits are mandatory and all eligible UBC employees must participate.

The UBC Employees' Society (The Society) with this approved Benefit Coverage application will cover the following

- Extended Health
- Employee and Family Assistance Program
- Basic Life Insurance
- Disability Benefit Plan / Longterm Disability Plan
- The applicant may only use this program up to 6 months within one year
- The applicant cannot reapply for a year after an accepted application
- The applicant may split up the 6 months within a year.
- The Society does not cover: Pension, or Dental plans

Applicant D	Details	
Employee Name		
Employee #		DEPARTMENT
Email Address:		
Phone:		
Home Address:		
Start Da	te Date of Medical Leave	
I am off Work on due to a WCB claim? YES?		Claim Number:
I am off Work on due to a ICBC claim? YES?		Claim Number:
I can use my partner/spouse's Benefit Plan:		
I request that The Society pay my basic standard benefits (Extended Health, EFAP, Basic Group Life, Disability Benefit Plan/Longterm Disability Plan), excluding Dental & Pension, up to a maximum of six months while I am off payroll on a medical leave of absence. This will be confirmed with your UBC payroll record.  IF I AM OFF WORK ON WCB OR ICBC, I AGREE TO SUPPLY THE CLAIM NUMBER AND REPAY THE AMOUNT OF BENEFITS PAID ON MY BEHALF TO THE SOCIETY, ONCE MY CLAIM IS ACCEPTED.		
Date of Applicati	ion:	Signature
I certify that all information presented herein is accurate to the best of my knowledge.		
For Society Use		
Society membe	er's Signature:	Date:

Email or drop off your application to: UBC Employee's Society No. 116, c/o CUPE Local 116 #206-2389 Health Sciences Mall, Vancouver BC, V6T 1Z3 cupe116@cupe116.com.