



Benefit Waiver Form

Regular Full-time, Regular Part-Time & Temporary Full-Time Employees Eligible for Benefits who are **NEW to Benefits**

I wish to waive the following benefits as offered to me by the Township of Langley:

Medical Services Plan (MSP)	Dental (Pacific Blue Cross)	Extended Health (Pacific Blue Cross)
<p><input type="radio"/> I DO NOT wish to enrol on Township MSP at this time but I understand that if needed I may enrol on Township MSP at anytime in the future.</p> <p>My alternative coverage is: _____</p> <p>Personal Health Number: _____</p> <p>Group Number: _____</p> <p style="text-align: center;">OR</p> <p><input type="radio"/> Please refer to Benefit Enrolment Form as I have opted to take Township MSP coverage.</p>	<p><input type="radio"/> I DO NOT wish to enrol on the Township Dental Plan through Pacific Blue Cross.</p> <p>___ I have alternative coverage at this time. I have signed the PBC waiver form indicating my alternate benefit carrier, ID number and group number.</p> <p>___ I understand that if I lose my alternate Dental coverage, I will have 31 days from such loss to enrol in the Township's Dental benefit plan without penalty. After 31 days, the point below will apply.</p> <p>___ I understand that if I lose my alternate Dental coverage and I choose not to enrol in the Township's Dental plan within 31 days, that I may apply at a future date but under the stipulation that I would be considered a late applicant and my Dental coverage would be limited to \$250 (total or per dependant) for a period of one (1) year.</p> <p style="text-align: center;">OR</p> <p><input type="radio"/> Please refer to Benefit Enrolment Form as I have opted to take Township Dental coverage.</p>	<p><input type="radio"/> I DO NOT wish to enrol on the Township Extended Health Plan through Pacific Blue Cross.</p> <p>___ I have alternative coverage at this time. I have signed the PBC waiver form indicating my alternate benefit carrier, ID number and group number.</p> <p>___ I understand that if I lose my alternate EHC coverage, I will have 31 days from such loss to enrol in the Township's EHC benefit plan without penalty from Pacific Blue Cross. After 31 days, the point below will apply.</p> <p>___ I understand that if I lose my alternate EHC coverage and I choose not to enrol in the Township's EHC plan within 31 days, that I may apply at a future date with the following information noted: I will be considered a late applicant and as such will have to provide evidence of good health for myself and each dependent applying. Coverage may be denied.</p> <p style="text-align: center;">OR</p> <p><input type="radio"/> Please refer to Benefit Enrolment Form as I have opted to take Township Extended Medical coverage.</p>

Employee Signature/Date: _____

HR Signature/Date: _____