



Post Doctoral Fellows Benefit Plan Summary and Enrolment Information
January 2008

Welcome to the new University of Toronto Group Benefit Plan for Post Doctoral Fellows. Green Shield Canada is the benefit plan provider. The Plan year will run from January 1 to December 31 each year. For the first year of the Plan, coverage will be effective February 1, 2008 to enable time for enrolment.

Plan Design Overview

The University of Toronto Benefit Plan for Post Doctoral Fellows is a Group Plan which provides for Single or Family coverage for a variety of Health Services including drug coverage, paramedical services, and medical equipment as well as basic Dental services.

Once you are enrolled in the plan, a monthly contribution will be deducted from your monthly stipend. As the benefit coverage must be pre-paid by one month, the first benefit contribution in 2008 will be for two months – January and February. Thereafter, your monthly contribution will be deducted from your monthly stipend.

What's in your Benefit Package

- A brief overview of your plan and how the program works.
- A benefit booklet providing detailed information on the benefit coverage available to you and your eligible spouse/dependants (*will be mailed to you with your Green Shield ID cards*)
- An Enrolment Form to provide your personal information.
- Information for plan members about subscriber services available online.

The following chart outlines some of the important rules regarding this Plan

Post Doctoral Fellows Group Benefits Rules	
Eligibility	Participation is Mandatory for all PDFs receiving their stipend payment through the U of T Payroll system. For PDFs beginning their engagement after February 2008, enrolment must be completed at the start of your engagement, and coverage begins the month following your first contribution
2008 Monthly Premiums	Single =\$ 42 Family =\$100 Premiums are subject to annual adjustment based on the Plan claims experience
Enrolment	An enrolment form must be completed, signed and return to the Post Doctoral Office to initiate your coverage. Your Green Shield plan member # will be your pay stub #, preceded by "PDF" (for e.g. If your pay stub # is 23456, your Green Shield ID# will be PDF23456) This information is printed on the Green Shield Card, received within 4 weeks of enrolment.
Claim Submission	Complete and sign the Green Shield claim form and submit your claim directly to Green Shield with the original receipt. Most pharmacies can submit your claim electronically at the time you pick up your prescription, and you will only have to pay for what is not eligible for coverage.
Coverage End Date (Termination of Engagement)	As your coverage is pre-paid one month, coverage under the plan ends at the end of the month following your last contribution. You will have 3 months after this to submit any eligible claims incurred on or before the last day of your coverage

- *Please remember to sign and date the form.*
- *Note: Please return a completed enrolment form to Post Doctoral Office no later than Feb. 4, 2008. If your engagement begins after February 2008, please complete and return an enrolment form to the Post Doctoral Office by the end of the first week of your engagement. Delayed enrolment will result in delayed coverage.*

If you have any questions or require additional information, please contact the Post Doctoral Office at 416-946-5254.
For claims inquiry please call Green Shield Customer Service at 1-888-711-1119,
Monday to Friday 8:00am to 9:00pm Eastern Standard Time.

PDF ENROLLMENT/CHANGE FORM
Please print or type information.

Please return completed form to the Post
Doctoral Fellows Administration Office

Post Doctoral Fellows (PDF)	Assigned ID #: PDF	CLIENT CODE U OF T	BILLING DIV # 31490
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TRANSACTION TYPE:

<input type="checkbox"/> New Subscriber (first day of coverage) y y y y m m d d <input type="checkbox"/> Terminate (first day of no coverage) y y y y m m d d <input type="checkbox"/> Add Dependant (first day of coverage) y y y y m m d d <input type="checkbox"/> Terminate Dependant (first day of no coverage) y y y y m m d d	<input type="checkbox"/> Other (first day effective) y y y y m m d d <input type="checkbox"/> Address <input type="checkbox"/> New Identification Card <input type="checkbox"/> Birthdate Correction: Subscriber <input type="checkbox"/> Dependant <input type="checkbox"/> <input type="checkbox"/> Overage Dependant <input type="checkbox"/> Name Change: Subscriber <input type="checkbox"/> Dependant <input type="checkbox"/>
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COMMENTS

SUBSCRIBER INFORMATION

Surname: _____ **Legal First Name:** _____

Birthdate: y y y y m m d d _____ **Gender:** Male Female *Pay Stub#* _____

Engagement Date: y y y y m m d d _____ **Coverage:** Single Family **Province:** _____

Engagement Status: Active Spouse/Partner **Language:** English French

Mailing Address:

Street _____ P.O. Box, R.R. # _____

City _____ Province _____ Country _____ Postal Code _____

DEPENDANT INFORMATION Does your spouse/dependant have other coverage? If yes, please indicate: _____

Co-Ordination of Benefits (COB)

Dependant Change	Dep.	Surname (if different than Subscriber)	Legal First Name	Birthdate								Co-Ordination of Benefits (COB)						
				y	y	y	y	m	m	d	d	Gender	EHS	BEN	VIS	SEMI		
Add	Spouse/ Partner																	
Delete	e1 Child																	
	e2 Child																	
	e3 Child																	
	e4 Child																	
	e5 Child																	

I hereby apply for Benefit Coverage from Green Shield Canada. I acknowledge all information is complete and accurate. I authorize my University of Toronto, the policyholder, Green Shield Canada, and their respective representatives and mandataries to give, receive and share any personal information regarding my eligibility and insurability or those of my dependants if any under this plan.

_____ (Signature of PDF) _____ (Signature of PDF Office Representative)

_____ (Date Completed) _____ (Date Signed)