

Member Benefits Trust

2021/2022 OPTIONAL INSURANCE APPLICATION

MEMBER DETAILS:

Name _____ UBCP # _____
Green Shield ID # _____ 2021/2022 Class Level _____

MAINTAIN CLASS LEVEL:

If your 2021/2022 class level is lower than your 2020/2021 class level, you can pay a premium to maintain your coverage at last year's level. Please refer to your Insurance Statement for class level and premiums. Buying a higher class than your previous year's level is not permitted.

ADD OR RENEW DEPENDENT COVERAGE:

Renewing Dependent coverage: Please refer to your Insurance Statement for renewal premiums. Please contact the MBT office if you need to make changes to the dependents listed on your account.

Adding Dependent coverage: Please contact the MBT office for premiums and to provide us with your dependents information.

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:

For information on these benefits or for an application form, please contact the MBT office. 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, 2021

Please contact the MBT office if you would like information on a payment plan.

Maintain Previous Year's Health and Dental Class:	\$
Dependent Coverage:	\$
Optional Life and/or AD&D:	\$
PST Ontario (8%) and Quebec (9%) ONLY:	\$
TOTAL ANNUAL PREMIUM	\$

CASH OR PERSONAL CHEQUE/MONEY ORDER FOR THE FULL AMOUNT MADE PAYABLE TO **MEMBER BENEFITS TRUST**. There is a \$25.00 Fee Charge on NSF cheques.

E-TRANSFER – Send to sarah@mbt.ca and use Benefits2021 as the security answer. Please include your Name and UBCP # in the notes

VISA OR MASTERCARD

Cardholder's Name: _____ Signature: _____

Card Number: _____ Expiry Date: _____

HCSA BALANCE: You may have available HCSA dollars that could be used to reimburse a portion of your optional insurance premium. If you check this box the MBT will submit confirmation of your payment directly to GSC who will then process a claim to your HCSA account and reimburse you the eligible amounts up to your available HCSA limit.

AUTHORIZATION:

I hereby request the changes to my Benefit Plan as selected on this form and if the HCSA option is checked, I authorize the submission of confirmation of payment to GSC in order for GSC to process my HCSA claim. I understand that reimbursement from my HCSA will be based on eligible expenses and available HCSA dollars.

Internal Use Only:

Date Received: _____

Entered: MFTS GSC SS

Signature

Date

Member Benefits Trust

2021/2022 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	\$334.56	\$586.20	\$740.64	\$930.36	\$1,252.68
FROM: CLASS 2	-	\$266.64	\$421.08	\$610.80	\$ 933.12
FROM: CLASS 3	-	-	\$169.44	\$359.16	\$ 681.48
FROM: CLASS 4	-	-	-	\$204.72	\$ 527.04
FROM: CLASS 5	-	-	-	-	\$ 337.32

DEPENDENT PREMIUMS	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6/7
ONE DEPENDENT	\$335.16	\$496.68	\$ 502.80	\$ 877.56	\$1,258.20
MORE THAN ONE DEPENDENT	\$623.28	\$982.08	\$1,067.16	\$1,750.80	\$2,487.96

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	\$294.96	\$546.60	\$1,100.64	\$1,290.36	\$1,612.68
FROM: CLASS 2	-	\$266.64	\$ 820.68	\$1,010.40	\$1,332.72
FROM: CLASS 3	-	-	\$ 569.04	\$ 758.76	\$ 1,081.08
FROM: CLASS 4	-	-	-	\$ 204.72	\$ 527.04
FROM: CLASS 5	-	-	-	-	\$ 337.32

DEPENDENT PREMIUMS	CLASS 2	CLASS 3	CLASS 4	CLASS 5	CLASS 6/7
ONE DEPENDENT	\$295.56	\$457.08	\$ 862.80	\$1, 237.56	\$1,618.20
MORE THAN ONE DEPENDENT	\$583.68	\$942.48	\$1,427.16	\$2,110.80	\$2,847.96

* If you turn 70 between June 1, 2021 and May 30, 2022, 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

Please contact us with any questions:
Phone: 604-689-0727 ext. 2231 or 2261
E-Mail: info@mbt.ca