EMPLOYER APPLICATION TO CHANGE THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN COVERAGE

NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑦᓴᓇᓗᑦᑯᑯ ᐃᑲᔪᓯᐊᖅᑕᕈᑎᒋᕙᖅᑕᖅᑭᓐᓂᒃ
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

PLEASE PRINT CLEARLY IN BLUE INK AND RETURN ORIGINAL SIGNED FORM TO THE NEBS OFFICE.

EMPLOYER INFORMATION

Employer: _____

Mailing Address: _____

Telephone: _____ Fax: _____

We hereby apply to add, amend, or withdraw our participation in specific NEBS Insurance and Health Benefits Plan Coverage as follows **(Please check an option)**:

ADD PLAN PARTICIPATION

☐ Weekly Indemnity Insurance (Select Option) **ALL EMPLOYEES MUST PARTICIPATE**
- ☐ 60% of Salary (Non-Taxable)
- ☐ 70% of Salary (Taxable)

☐ Extended Health Care

☐ Dental Care Insurance

EMPLOYEES MUST BE GIVEN THE OPTION OF PARTICIPATING. THEY WILL INDICATE ON THEIR INDIVIDUAL ENROLMENT FORM.

☐ Elected Councillor and Appointed Director Insurance **ALL COUNCILLORS/DIRECTORS MUST PARTICIPATE**

PLEASE INDICATE THE COST SHARING FOR THE PLAN COVERAGE BEING ADDED

	Employer %	Employee %
Weekly Indemnity Insurance*	_____	_____
Extended Health Care Plan	_____	_____
Dental Care Plan	_____	_____
Elected and Appointed Officials Plan	_____	_____

*** IF YOU HAVE CHOSEN THE NON-TAXABLE BENEFITS OPTION THE EMPLOYEE MUST PAY 100% OF THE COSTS.**

NORTHERN EMPLOYEE BENEFITS SERVICES
ᐅᑭᐅᖅᑕᖅᑐᒥᑦᓴᓇᓗᑦᑯᑯ
ᐃᑲᔪᓯᐊᖅᑕᕈᑎᒋᕙᖅᑕᖅᑭᓐᓂᒃ
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

EMPLOYER APPLICATION TO CHANGE THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN COVERAGE

AMEND PLAN PARTICIPATION

You may change your plan coverage in one of the following ways:

- ☐ Change New Employee Waiting Period to:
  - ☐ 6 Months
  - ☐ 3 Months
  - ☐ No waiting period
- ☐ Change Life Insurance Coverage to:
  - ☐ 3 Times Salary Benefits
  - ☐ 1.5 Times Salary Benefits
- ☐ Change Long Term Disability Insurance Coverage to:
  - ☐ 60% of Salary (Non-Taxable Benefits)
  - ☐ 70% of Salary (Taxable Benefits)
- ☐ Change Weekly Indemnity Insurance Coverage to:
  - ☐ 60% of Salary (Non-Taxable Benefits)
  - ☐ 70% of Salary (Taxable Benefits)
- ☐ Change Cost Sharing for Premiums (please indicate below):

	Employer %	Employee %
Life Insurance	_____	_____
Accidental Death, Disease & Dismemberment Insurance	_____	_____
Dependant Life Insurance	_____	_____
Long Term Disability Insurance*	_____	_____
Weekly Indemnity Insurance*	_____	_____
Extended Health Care Plan	_____	_____
Dental Care Plan	_____	_____
Elected and Appointed Officials Plan	_____	_____

*** IF YOU HAVE CHOSEN THE NON-TAXABLE BENEFITS OPTION THE EMPLOYEE MUST PAY 100% OF THE COSTS.**

NORTHERN EMPLOYEE BENEFITS SERVICES
ᐅᑭᐅᖅᑕᖅᑐᒥᑦᓴᓇᓗᑦᑯᑯ
ᐃᑲᔪᓯᐊᖅᑕᕈᑎᒋᕙᖅᑕᖅᑭᓐᓂᒃ
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

EMPLOYER APPLICATION TO CHANGE THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN COVERAGE

WITHDRAW PLAN PARTICIPATION

- ☐ Weekly Indemnity Insurance (Select Option)
- ☐ Extended Health Care
- ☐ Dental Care Insurance
- ☐ Elected Councillor and Appointed Director Insurance

Note: The basic insurance plan (life insurance, accidental death, disease or dismemberment insurance, dependent life insurance and long term disability insurance) is mandatory. If you are withdrawing from the basic insurance plan, you must terminate your participation in all Insurance and Health Benefits Plan. In such a case you must complete the Termination Form.

REASON FOR WITHDRAWAL

EMPLOYER APPLICATION TO CHANGE THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN COVERAGE

NORTHERN EMPLOYEE BENEFITS SERVICES
ᐅᑭᐅᖅᑕᖅᑐᒥᑦᓴᓇᓗᑦᑯᑯ
ᐃᑲᔪᓯᐊᖅᑕᕈᑎᒋᕙᖅᑕᖅᑭᓐᓂ

5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

AUTHORIZATION

Authorized Signatures: _____
Chief Elected/Appointed Official

_____
Date

_____
Chief Administrative Officer

_____
Date

NEBS OFFICE USE ONLY

EFFECTIVE DATE OF CHANGE: _____

_____ _____
Chief Executive Officer Date

EMPLOYER APPLICATION TO CHANGE THE NEBS GROUP INSURANCE AND HEALTH BENEFITS PLAN COVERAGE

NORTHERN EMPLOYEE BENEFITS SERVICES | ᐅᑭᐅᖅᑕᖅᑐᒥᑦᓴᓇᔅᑯᑦ ᐃᑲᔫᓯᐊᖅᑕᕈᑎᒋᕙᖅᑕᖅᑭᓐᓂᒃ
5122 53rd Street, Yellowknife NT, X1A 1V6
Ph: (867) 873-4965 Fax: (867) 873-5801

EMPLOYEE LISTING

A list of employees, who are active in the NEBS Insurance and Health Benefits Plan, who will be affected by the changes of specific plan coverage. (If additional space is required, please attach a separate sheet)

EMPLOYEE NAME	BIRTHDATE DD/MM/YYYY	SEX (M/F)	OCCUPATION (JOB)