



CORRECTIONS BRANCH

Declaration for Standards of Conduct

My status as an employee of the British Columbia Corrections Branch, Ministry of Public Safety and Solicitor General, requires that I demonstrate the highest ethical and professional standards of on and off-duty conduct.

I have received and will read the **Standards of Conduct for Corrections Branch Employees** dated February 2009. I am aware that I may be subject to disciplinary action, up to and including dismissal, for failing to honour these Standards of Conduct.

I understand that unprofessional behaviour not specified in the **Standards of Conduct for Corrections Branch Employees** does not mean immunity from discipline.

Name of employee: _____ (please print)

Title of employee: _____

Signature of employee: _____

Date of declaration: _____

Name of supervisor: _____ (please print)

Supervisor's signature: _____

Title of supervisor: _____

Date: _____

Protect Communities, Reduce Reoffending

Public Service Act

PUBLIC SERVICE OATH REGULATION

Form of oath

- 1** The prescribed form of oath for the purposes of section 21 of the *Public Service Act* is as follows:

As a member of the British Columbia Public Service, I,, [employee name] do solemnly swear/affirm [circle one] that I will

- 1 loyally serve the people of British Columbia through their democratically elected government,
- 2 honour and faithfully abide by the Standards of Conduct for Public Service Employees, and
- 3 to the best of my ability,
 - (a) act with integrity, putting the interests of the public and the public service above my own personal interest and avoiding all conflicts of interest, whether real or perceived,
 - (b) safeguard confidential information, not divulging it unless I am either authorized to do so or required to do so by law,
 - (c) base my advice, recommendations and decisions on the objective evidence that is available to me,
 - (d) serve the government impartially, and
 - (e) conduct myself honestly and ethically, in a manner that maintains and enhances the public's trust and confidence in the public service and does not bring it into disrepute.

Sworn/Affirmed [circle one] by me, at, this day of, 20... .

.....
Person giving Oath or Affirmation

.....
Person administering Oath or Affirmation

Note: this regulation replaces B.C. Reg. 51/87.

[Provisions of the *Public Service Act*, R.S.B.C. 1996, c. 385, relevant to the enactment of this regulation: sections 21 and 25]

The **Standards of Conduct Policy** for BC Public Service employees can be read [online](#) and downloaded in [printable format](#).

The objectives of this policy are to describe the standards of conduct expected of employees and to define employer and employee responsibilities related to them. Some of the principles described in the policy statement are reflected in the [Oath of Employment](#) taken by all employees upon entering the Public Service.

Public Service employees who breach the Standards of Conduct may be subject to disciplinary action up to and including dismissal.

Please ensure you read the policy and adhere to its principles and procedures, noting especially the accountabilities of employees. **Sign the statement at the bottom of this page and return it to MyHR@gov.bc.ca within ten working days.** Retain the attached policy for your records.

I hereby acknowledge that I have received a copy of the policy on Standards of Conduct and that I have read and understood this policy.

Signature

Name

Date

Information and Communications Technology (ICT) Agreement

Information Management and Information Technology Management

I, _____, have received
a copy of the Standards of Conduct and Chapter 12, Core Policy and
Procedures Manual and understand my responsibilities regarding the
appropriate use of government information and communications
technology.

Employee Signature

Date

Pc: BCPSA HR Client Services for Employee Personnel File

PERSONAL AND EMERGENCY CONTACT INFORMATION

This information is confidential and is covered by the provisions of the *Freedom of Information and Protection of Privacy Act*.

Should you need to update your information, you can do so through Employee Self Service (ESS). For new employees, or those who do not have ESS access, submit this form to the Client Services Division of the BC Public Service Agency (3rd Floor – 940 Blanshard Street) for processing.

PERSONAL INFORMATION

NAME

ADDRESS

POSTAL CODE

PHONE

Person(s) you wish contacted in case of emergency.

EMERGENCY CONTACT(S)

NAME

RELATIONSHIP

ADDRESS

POSTAL CODE

PHONE

NAME

RELATIONSHIP

ADDRESS

POSTAL CODE

PHONE

NAME

RELATIONSHIP

ADDRESS

POSTAL CODE

PHONE

EMPLOYEE'S SIGNATURE

DATE

PAYROLL DIRECT DEPOSIT AUTHORIZATION

General Inquiries: 1 877 277-0772

This form must be completed by provincial government employees in order to initiate or change direct pay deposits.

The employee must:

- Complete and sign this form;
- Attach a copy of a personal encoded deposit slip or voided cheque for a chequing account **or** take the form to your bank, trust company or credit union for verification if a **savings account**;
- Employees served by Telus Sourcing Solutions-BC (TSS-BC) – Fax completed form to 250 652-2155;
- Non-Shared Services clients – Fax completed form to your individual Pay Office;
- You **MUST** submit this form to TSS-BC or your Pay Office **BEFORE** changing or closing your bank account (Changing or closing your bank account before notifying TSS-BC or your Pay Office could result in payment **not** being made to your account);
- Please type or print clearly.

Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected for the purpose of processing your Payroll Direct Deposit Authorization. Questions about the collection or use of this information can be directed to the FOI Designate at (250) 544-5400 Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

EMPLOYEE LAST NAME	FIRST NAME	EMPLOYEE ID.	DEPARTMENT ID.
			-

I hereby authorize and request my employer to make payroll direct deposits to my account as indicated below

(✓) IF APPLICABLE		BANKING INFORMATION		EFFECTIVE DATE YYYY / MM / DD
<input type="checkbox"/> NEW	<input type="checkbox"/> CHEQUING	INSTITUTION NO.	TRANSIT NO. -- Must be 5 digits	
<input type="checkbox"/> CHANGE	<input type="checkbox"/> SAVINGS	0	BANK ACCOUNT NO. -- Left justified	

EMPLOYEE SIGNATURE	DATE SIGNED YYYY / MM / DD
X	

BANK OR FINANCIAL INSTITUTION VERIFICATION Not required if copy encoded cheque or deposit slip attached. Signature or bank domicile stamp confirming accuracy of transit and account number and authenticity of account signature DATE SIGNED YYYY / MM / DD	BANK OR FINANCIAL INSTITUTION ADDRESS
X	

PAY OFFICE USE ONLY			
ENTERED BY:	YYYY / MM / DD	CERTIFIED CORRECT BY:	YYYY / MM / DD



MINISTRY OF ATTORNEY GENERAL
INFORMATION TECHNOLOGY SERVICES (ITS)
ACCOUNT ACCESS FORM

*****FAX ALL PAGES TO: 250 356-5210*****

Questions? - Call the LOB Help Desk at 250 356-0545

☐ Create
- new account

☐ Re-Create
- lapsed account

☐ Delete
- resigned, retired, etc.

☐ Modify
- name/access change

☐ Transfer/TA
- locn/Ministry change

USER DETAILS (also used to update the Global Address List)

LAST NAME _____		Employee # _____	Regular <input type="checkbox"/> Auxiliary <input type="checkbox"/>
First Name _____	Initial _____	Title _____	Contractor <input type="checkbox"/> Co-op <input type="checkbox"/>
Branch _____		Phone _____	Start Date _____
Division _____		FAX _____	End Date _____
Address _____		City _____	Postal Code _____

Transfer/TA from (Ministry and Branch name): _____

☐ Name Change - Previous Name: _____ Computer D or N # _____

MINISTRY ACCESS (only indicate access to be created, modified or deleted)

☐ E-mail ☐ IDIR (list Network shares required below) ☐ HAS IKEY Serial # _____ ☐ IKEY REQUIRED

Special Applications (include details) OR Network share drive pathname (e.g. "S12446_POCO_shr on 'OSCAR\S12446' (G:)")

Portal INTRANET Access: Group Name: _____ or NO Portal INTRANET Access ☐

☐ Spandial/VPN ☐ DTS ☐ MVS Admin Form needed

Specific Information for Access:

AUTHORIZATION

GL: Client _____ Resp. Code _____ Service Line _____ Project Code _____

X _____ Name: _____ Date: _____

(Signing Authority - NOT Applicant)

(Please PRINT)

JUSTIN/CORNET Authority Signature(s):

Name(s):

Date:

X _____ (Not Applicant's Signature) _____ (Please PRINT)

⇒ The authorizer is informed via e-mail once the accounts are created. Please then notify your user.
Dormant accounts of one year or more will be removed from the system.

ITSD USE ONLY

UserID _____ Created _____

IDIR _____ ORACLE _____

E-Mail _____ Comments _____

Other _____ Transfer requested from other Ministry (Ref #) _____

IKey issued / Protect File Group (CJB Users) _____ Notified? No ☐ Yes ☐ Date Notified _____

⇒ EMAIL notifications to (if NOT to Signing Authority): _____

CONDITIONS FOR USE OF COMPUTING FACILITY

1. As a condition of use of the BC Ministry of Attorney General facilities, and access to government computer-stored data, the user agrees not to:
 - Permit any person to use his/her username;
 - Divulge, share or compromise his/her password;
 - Use any other's username;
 - Use the facility for activities different from those for which access was granted;
 - Attempt to access or modify the data or programs of another client or user without the explicit authorization of that client or user;
 - Enable other users to access data belonging to a third party without the consent of the third party;
 - Develop or use programs, or create situations which adversely impact computer services to other clients or users;
 - Make unauthorized copies of data or proprietary software;
 - Reveal details of any checking, editing, validating, or security mechanisms, included in hardware or software, to any unauthorized persons;
 - Test or examine security related to the facility, except as provided in number 5 below;
 - Take any action, which might reasonably be construed, as injurious or detrimental to the interests of any other users or to the facility.
2. Users are responsible for all actions performed by their "usernames" except for fraudulent use of the "username" by an unauthorized third party which is not attributable in any manner to the failure of the user to properly observe the conditions for use of the computing facilities.
3. Users are required to adhere to all policies, standards or procedures pertaining to data security, naming conventions and good data processing practices. Issued by the facility administrators.
4. Users of the facility should be aware that it is possible that security can be breached through causes beyond the reasonable control of the facility administrators. Users are urged to take full advantage of security mechanisms built into the systems and to change their password frequently.
5. Persons wishing to test the security of the facility, or to perform actions which may not satisfy these conditions for use, must contact *Information Technology Services* for direction as to how to obtain approval prior to conducting any tests or performing these actions;
6. The user recognizes that to monitor security, the Ministry of Attorney General, *Information Technology Services* may be required to examine data, programs, accounting, printouts, tapes, or any other data processing material used by clients or users without prior notice; and management of the computing resources will involve movement of data on disk or tape.
7. The user acknowledges that access to government computing facilities is given solely for use in the course of government business and not for personal or private communications and that all data stored on the system, including current electronic mail and information on backup tapes, are government records which can be accessed by Ministry officials in accordance with established policies and form a "record" under the *Freedom of Information and Protection of Privacy Act*.

The applicant (user) agrees to:

- I. Adhere to the conditions for use of the facility set out above, and
- II. Advise *Information Technology Services* of the Ministry of Attorney General, or his/her Project Leader, without delay, of any circumstances, incidents or events which may impact, or are related to the privacy, availability or security of the facility or any associate computer applications.

Dormant accounts of one year or more will be removed from the system.

I CERTIFY THAT I HAVE READ AND AGREE TO THE CONDITIONS FOR USE OF COMPUTING FACILITIES:

Signature

Name

Date

X

Applicant's Signature

Please PRINT

2013 British Columbia Personal Tax Credits Return

TD1BC

Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in British Columbia and every pensioner residing in British Columbia can claim this amount. If you will have more than one employer or payer at the same time in 2013, see "Will you have more than one employer or payer at the same time?" on the next page.

2. Age amount – If you will be 65 or older on December 31, 2013, and your net income from all sources will be \$32,911 or less, enter \$4,421. If your net income for the year will be between \$32,911 and \$62,385 and you want to calculate a partial claim, get the TD1BC-WS, *Worksheet for the 2013 British Columbia Personal Tax Credits Return*, and complete the appropriate section.

3. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$1,000, or your estimated annual pension income, whichever is less.

4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$200 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$60 for each month that you will be enrolled part time.

5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,394.

6. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be \$886 or less, enter \$8,860. If his or her net income for the year will be between \$886 and \$9,746, and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you, and whose net income for the year will be \$886 or less, enter \$8,860. If his or her net income for the year will be between \$886 and \$9,746, and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$14,600 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$4,314.

If the dependant's net income for the year will be between \$14,600 and \$18,914 and you want to calculate a partial claim, get the form TD1BC-WS, and complete the appropriate section.

9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,872 or less, enter \$4,314. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$6,872 and \$11,186 and you want to calculate a partial claim, get the TD1BC-WS, and complete the appropriate section.

10. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition and education amounts, or disability amount on his or her income tax return, enter the unused amount.

11. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her tuition and education amounts on his or her income tax return, enter the unused amount.

12. TOTAL CLAIM AMOUNT – Add lines 1 through 11.
Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

10,276

Continue on the next page ➔

Completing Form TD1BC

Complete this form **only** if you are an employee working in British Columbia or a pensioner residing in British Columbia and any of the following apply:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (such as when the number of your eligible dependants has changed);
- you want to increase the amount of tax deducted at source.

Sign and date it and give it to your employer or payer.

If you do not complete a TD1BC form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

Will you have more than one employer or payer at the same time?

If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another Form TD1BC for 2013, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1BC, enter "0" on line 12 on the front page and do not complete lines 2 to 11.

Total income less than total claim amount

☐ Check this box if your total income for the year from all employers and payers will be **less** than your total claim amount on line 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, complete the section called "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Forms and publications

To get forms and publications go to www.cra.gc.ca/forms or call 1-800-959-2221.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



Your employer or payer will use this form to determine the amount of your tax deductions.

Read the back before completing this form. Complete this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address including postal code		For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2013, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.

11,038

2. Child amount – Either parent (but not both), may claim \$2,234 for each child born in 1996 or later, that resides with both parents throughout the year. If the child is **infirm**, add \$2,040 to the claim for that child. Any unused portion can be transferred to that parent's spouse or common-law partner. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependant" on line 8 may also claim the child amount for that same child.

3. Age amount – If you will be 65 or older on December 31, 2013, and your net income for the year from all sources will be \$34,562 or less, enter \$6,854. If your net income for the year will be between \$34,562 and \$80,256 and you want to calculate a partial claim, get the TD1-WS, *Worksheet for the 2013 Personal Tax Credits Return*, and complete the appropriate section.

4. Pension income amount – If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete this section. If you are enrolled full time, or if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.

6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$7,697.

7. Spouse or common-law partner amount – If you are supporting your spouse or common-law partner who lives with you, and whose net income for the year will be less than \$11,038 (\$13,078 if he or she is **infirm**) enter the difference between this amount and his or her estimated net income for the year. If your spouse's or common-law partner's net income for the year will be \$11,038 or more (\$13,078 or more if he or she is **infirm**), you cannot claim this amount.

8. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependent relative who lives with you, and whose net income for the year will be less than \$11,038 (\$13,078 if he or she is **infirm** and you **did not** claim the child amount for this dependant), enter the difference between this amount and his or her estimated net income. If your eligible dependant's net income for the year will be \$11,038 or more (\$13,078 or more if he or she is **infirm**), you cannot claim this amount.

9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,334 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older), enter \$4,490 (\$6,530 if he or she is **infirm**); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,530.

If the dependant's net income for the year will be between \$15,334 and \$19,824 (\$15,334 and \$21,864 if he or she is **infirm**) and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,548 or less, enter \$6,530. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$6,548 and \$13,078 and you want to calculate a partial claim, get the TD1-WS, and complete the appropriate section.

11. Amounts transferred from your spouse or common-law partner – If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition, education and textbook amounts, disability amount or child amount on his or her income tax return, enter the unused amount.

12. Amounts transferred from a dependant – If your dependant will not use all of his or her **disability amount** on his or her income tax return, enter the unused amount. If your or your spouse's or common-law partner's dependent child or grandchild will not use all of his or her **tuition, education, and textbook amounts** on his or her income tax return, enter the unused amount.

13. TOTAL CLAIM AMOUNT – Add lines 1 through 12.
Your employer or payer will use this amount to determine the amount of your tax deductions.

Continue on the next page ➔

Completing Form TD1

Complete this form only if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (such as when the number of your eligible dependants has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it and give it to your employer or payer.

If you do not complete a TD1 form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

More than one employer or payer at the same time

- ☐ If you have more than one employer or payer at the same time and you have already claimed personal tax credit amounts on another TD1 form for 2013, you **cannot** claim them again. If your total income from all sources will be **more** than the personal tax credits you claimed on another TD1 form, check this box, enter "0" on line 13 on the front page and do not complete lines 2 to 12.

Total income less than total claim amount

- ☐ Check this box if your total income for the year from all employers and payers will be **less** than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2013? If you are unsure of your residency status, call the International Tax Services Office at 1-800-267-5177.

- ☐ • If **yes**, complete the previous page.
☐ • If **no**, check the box, enter "0" on line 13 and do not complete lines 2 to 12, as you are not entitled to the personal tax credits.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$11,038, you also have to complete a provincial or territorial personal tax credit return. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial TD1 form to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,038), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2013, you may be able to claim the child amount on Form TD1SK, 2013 Saskatchewan Personal Tax Credits Return. Therefore, you may want to complete Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed **northern** zone for more than six months in a row beginning or ending in 2013, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling who is claiming this deduction.

\$

Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.

For more information, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or QPP benefits, or old age security pension. By doing this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, complete a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____



Where ideas work

OPTIONAL SPOUSE AND DEPENDENT GROUP LIFE INSURANCE ELECTION

This form is used to select basic insurance coverage for your spouse and/or dependents.

See the instruction page for further details.

When completed, mail to your pay office. Your pay office will forward to the Benefits Service Centre.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

0	1	2	3	4	5	6	7	8	9			
A	B	C	D	E	F	G	H	I	J	K	L	M
N	O	P	Q	R	S	T	U	V	W	X	Y	Z

PART A - EMPLOYEE INFORMATION

EMPLOYEE LAST NAME															FIRST NAME														
MINISTRY / EMPLOYER																													
SOCIAL INSURANCE NO.										DEPARTMENT ID (MIN - PAYLIST)										EMPLOYEE ID									
EMPLOYEE BIRTHDATE																													
YYYY										MM										DD									

PART B - COVERAGE ELECTION / EMPLOYEE AUTHORIZATION

Instructions: Mark only one of the following boxes with an X, fill in the Date Signed field, and provide your Signature.

- ☐ Please enroll me in optional spouse and dependent group life insurance.
- ☐ I do not want this coverage. (Evidence of insurability may be required if you enroll at a later date.)
- ☐ I wish to cancel this coverage.

DATE SIGNED							
YYYY							
/		MM		/		DD	

EMPLOYEE SIGNATURE

--

PART C - MINISTRY / EMPLOYEE CONFIRMATION OF ELIGIBILITY (if Enrollment requested)

Instructions: Mark only one of the applicable 'Reason for request' boxes with an X and complete the corresponding effective date below.

- ☐ Became Regular
- ☐ Became Auxiliary with benefits
- ☐ Acquired first dependent

DATE BECAME ELIGIBLE/ACQUIRED FIRST DEPENDENT							
YYYY							
/		MM		/		DD	

Payroll Date Stamp

--

PART D - MINISTRY / EMPLOYER CERTIFICATION

Instructions: Please complete and sign. Mail original form to the Benefits Service Centre.

AREA CODE	PAY OFFICE FAX NO.	AREA CODE	PAY OFFICE TELEPHONE NO.
()	-	()	-

CERTIFIED CORRECT - PRINT NAME (PAY OFFICE OFFICER)

--

PAY OFFICE SIGNATURE

--

DATE SIGNED							
YYYY							
/		MM		/		DD	





Where ideas work

OPTIONAL SPOUSE AND DEPENDENT GROUP LIFE INSURANCE ELECTION

Benefit Summary

- The optional spouse and dependent group life plan provides coverage for your spouse and/or your dependents up to age 19.
- This coverage must be applied for and has a present cost of \$2.00 per month regardless of the number of individuals covered. The cost of the coverage is subject to change.
- Coverage is \$10,000 for your spouse and \$5,000 for each dependent.
- You are the beneficiary of this optional policy coverage. For more information, refer to @ Your Service: employee.gov.bc.ca/src/index.cfm?objectID=196

Application for Coverage

- The open enrollment period for the optional spouse and dependent group life coverage is 90 days after becoming eligible for group life coverage or after acquiring your first dependent (spouse or child).
- After the 90 day open enrollment period is over, you may still apply for this coverage. However, you will need to provide evidence of insurability to the insurance company and be accepted for coverage.

Questions?

Contact the Benefits Service Centre or toll-free at 1 877 277-0772 if you have any questions.

Form Processing – Employee

- **Please use original forms only. Forms are machine processed so photocopies are not acceptable.**
- Additional forms are available on the Internet at: employee.gov.bc.ca
- Complete Part A and Part B of the form. Make sure you sign and date the form in Part B and **forward to your pay office.**
- Do not use whiteout, etc., on the form. Cross out and initial the changes like you would do on a cheque.
- Care in printing clearly and carefully, one character per box and staying within the boxes without touching the sides, will assist us to enroll you in this coverage as soon as possible.

Form Processing – Pay Office

- You must complete Part C – Confirmation of Eligibility and Part D – Certification.
- Original is mailed to:
Benefits Service Centre
Block E, 2261 Keating Cross Road
Saanichton BC V8M 2A5

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA*. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

GROUP LIFE BENEFICIARY DESIGNATION

This form is used to indicate who you wish to receive the proceeds of your group life policy in the event of your death.

See the instruction page for further details.

When completed, mail to the Benefits Service Centre.

Please do not use photocopies of this form.

For optimum accuracy, please print in capital letters and avoid contact with the edge of the box.

0	1	2	3	4	5	6	7	8	9
A	B	C	D	E	F	G	H	I	J
K	L	M	N	O	P	Q	R	S	T
U	V	W	X	Y	Z				

PART A - EMPLOYEE INFORMATION

EMPLOYEE LAST NAME															FIRST NAME														
MINISTRY / EMPLOYER																													
MAILING ADDRESS OF EMPLOYEE - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																													
CITY															PROVINCE					POSTAL CODE									
SOCIAL INSURANCE NO.										DEPARTMENT ID (MIN - PAYLIST)										EMPLOYEE ID									
EMPLOYEE BIRTHDATE YYYY MM DD																													

PART B - GROUP LIFE BENEFITS TO BE PAYABLE AS FOLLOWS

Under the Group Life Insurance Plan contracted under the Public Service Benefit Plan Act, I hereby revoke any previous designation and want any moneys payable upon my death to be disbursed as follows.

Instructions: Mark the appropriate box(es) with an X.

- ☐ My Estate
- ☐ The Beneficiary(ies) designated in Part C
- ☐ The Trustee designated in Part D for the minor beneficiary designated in Part C

PART C - BENEFICIARY(IES) DESIGNATED (continued on page 2)

Instructions: Please complete this section if you selected Beneficiary(ies) in Part B. Moneys are divided equally among living beneficiaries.

I hereby nominate and appoint:

BENEFICIARY'S LAST NAME															FIRST NAME														
MAILING ADDRESS OF BENEFICIARY - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																													
CITY															PROVINCE					POSTAL CODE									
BENEFICIARY'S BIRTHDATE YYYY MM DD										BENEFICIARY'S RELATIONSHIP TO YOU																			

BENEFICIARY'S LAST NAME															FIRST NAME														
MAILING ADDRESS OF BENEFICIARY - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																													
CITY															PROVINCE					POSTAL CODE									
BENEFICIARY'S BIRTHDATE YYYY MM DD										BENEFICIARY'S RELATIONSHIP TO YOU																			

PART C - BENEFICIARY(IES) DESIGNATED (continued from page 1)

BENEFICIARY'S LAST NAME																FIRST NAME															
MAILING ADDRESS OF BENEFICIARY - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																															
CITY																PROVINCE				POSTAL CODE											
BENEFICIARY'S BIRTHDATE																BENEFICIARY'S RELATIONSHIP TO YOU															
YYYY				MM				DD																							

PART D - TRUSTEE CLAUSE

Instructions: Please complete this section if you selected a Trustee in Part B.

I hereby nominate and appoint:

TRUSTEE'S SURNAME - If company, include full name.																FIRST NAME - Use initial if not enough space.															
MAILING ADDRESS OF TRUSTEE - Include apt. no., street number and name, general delivery, post office box, RR, site and comp. no., etc.																															
CITY																PROVINCE				POSTAL CODE											
TRUSTEE'S RELATIONSHIP TO YOU																															

If living, the Trustee is to receive and disburse any moneys payable under the said group policy to my beneficiary(ies) during minority, and any payments made to the said trustee shall discharge THE GREAT-WEST LIFE ASSURANCE COMPANY to the extent of such payment.

PART E - ADDITIONAL INFORMATION (NOT NOTED ABOVE)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PART F - EMPLOYEE AUTHORIZATION

Instructions: Enter the date signed and your signature. Mail original form to the Benefits Service Centre.

For Benefits Service Centre Use Only.

() - () -

DATE SIGNED
YYYY MM DD
 / /

EMPLOYEE SIGNATURE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

16652126

DO NOT WRITE IN THIS SPACE

GROUP LIFE BENEFICIARY DESIGNATION

This form must be used to designate one or more beneficiaries for all group life insurance coverage under the *Public Service Benefit Plan Act*.

Benefit Payment

- If you are eligible for group life insurance you should designate a beneficiary(s) to receive the insurance payment in the event of your death. If you wish to designate different beneficiary(s) for basic and optional employee life insurance, you need to complete Part E – Additional Information.
- For more information, refer to the Benefits Web site at: <https://employee.gov.bc.ca/src/index.cfm?objectID=196>, or www.bcpublicservice.ca/benefits/.
- For any changes to your beneficiary(s) or their information, please complete a new form and re-submit.
- If you have a minor beneficiary, you may also designate a Trustee to supervise the funds. Please note that neither the insurance company nor your employer supervise the Trustee in any manner. Should you die and leave minor beneficiaries without designating a Trustee, the Public Trustee will take on this function.
- If you do not complete this form to indicate your beneficiary(s), your group life insurance and any optional employee life insurance will be paid to your estate. Benefits paid to your estate are subject to probate.

Form Processing – Employee

- Please use original forms only. Forms are machine processed and uniquely numbered to keep both pages together so photocopies are not acceptable.
- Additional forms are available on the Internet at: <https://employee.gov.bc.ca/src/index.cfm?objectID=196> or www.bcpublicservice.ca/benefits/.
- Complete all applicable sections of the form and forward the original to:
Benefits Service Centre,
Block E, 2261 Keating Cross Road
Saanichton BC V8M 2A5
- Do not use whiteout, etc., on the form. Cross out and initial the changes like you would do on a cheque.
- Care in printing clearly and carefully, one character per box and staying within the boxes without touching the sides, will assist us to register this designation as soon as possible.

Questions/Multiple Beneficiaries?

Contact the Benefits Service Centre toll-free at **1 877 277-0772** if you have any questions, or if you have more beneficiaries than will fit on this form.

Freedom of Information and Protection of Privacy Act (FOIPPA)

The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the FOIPPA. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

Place on
Regional Office
Letterhead

Authorization for Release of Records

TO: System Services Unit, Corrections Branch (Fax# 250-356-5368)

RE:

Surname	First Name	Middle Name

Previously Used Surname(s)	First Name(s)	Middle Name(s)

Date of Birth (YYYYMMDD)

- ☐ New hire - Personal identification verified, photocopied and attached. (Original birth certificate and photo identification (i.e., valid driver's license, provincial identification or passport))
- ☐ Existing Employee - Personal identification not required.

Pursuant to section 32(b) and 33.1(1)(b) of the **Freedom of Information and Protection of Privacy Act**,
I, _____, authorize the System Services Unit of the
(Print name of applicant/employee)

Corrections Branch to conduct a search of the following provincial databases for records containing my personal information, including the presence of criminal allegations, convictions, penalties and/or outstanding charges, excluding those no longer accessible pursuant to the Youth Criminal Justice Act:

- o **JUSTIN** (Justice Information System): An integrated, province-wide database of criminal cases used by various justice agencies as a case moves from initiation through to disposition.
- o **CORNET**: An integrated client management system used by the Corrections Branch, Ministry of Public Safety and Solicitor General and the Youth Justice Division, Ministry of Children and Family Development.

I further consent to the results of the search (e.g., offence date and charge, court location and level, and sentence/outcome and date) being provided directly to _____, for the
(Print name of regional director)
purpose of employment with the Community Corrections and Corporate Programs Division, Corrections Branch, Ministry of Public Safety and Solicitor General. I direct that my records are to be held in strictest confidence and not released to anyone except those directly involved in their collection and in the hiring process.

Unless cancelled in writing by the applicant, this consent form shall be valid for conducting the specified checks.

I hereby release and forever discharge Her Majesty the Queen in Right of the Province of British Columbia and all employees and agents of the Province of British Columbia from any and all actions, causes of actions, claims and demands for any form of relief, damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

Signed this _____ day of _____, 20____.

(Signature of Applicant)

Place on
Regional Office
Letterhead

"Insert Date"

The Director
Canadian Real Time Identification Services
RCMP, NPS Building
1200 Vanier Parkway
Ottawa ON K1A 0R2

Dear Sir / Madam:

Re: Authorization for Release of Records

For the purpose of securing employment I, "Insert Name", hereby authorize the RCMP to disclose personal information resulting from my fingerprint check to:

"Insert RD Name"
"Insert Title", "Insert Region"
Community Corrections & Corporate Programs Division
Corrections Branch
Ministry of Public Safety and Solicitor General
"Insert Full Address"

Thank you in advance for your assistance with regard to this matter.

Yours truly,

"Insert Employee Name for Signature"

Mr. Narinder Serown

- Job classification: Social Program Officer R26
- Employment contract: full-time regular
- Salary range for Social Program Officer R26: \$59,532 to \$68,060
- Job title: Senior Probation Officer
- Security level of position: Not a term used.

Ms. Lindsay Gordon

- Job classification: Social Program Officer R30
- Employment contract: full-time regular
- Salary range for Social Program Officer R30: \$67,177 to \$76,911
- Job title: Local Manager
- Security level of position: Not a term used.

Mr. Miles McGuire

- Job classification: Business Leadership
- Employment contract: full-time regular
- Salary range: \$95,482
- Job title: Regional Director
- Security level of position: Not a term used.