

**From:** [Bain, Don PREM:EX](#)  
**To:** [Wensink, Alison PREM:EX](#)  
**Subject:** FW: Benefits -- FW: HR forms for Don Bain  
**Date:** Monday, March 12, 2018 11:37:38 AM

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**From:** "Bain, Don PREM:EX" <[Don.Bain@gov.bc.ca](mailto:Don.Bain@gov.bc.ca)>  
**To:** s.22  
**Sent:** Tuesday, January 2, 2018 1:50:35 PM  
**Subject:** Benefits -- FW: HR forms for Don Bain



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**From:** Cavanagh, Judy PREM:EX  
**Sent:** Tuesday, January 2, 2018 11:46 AM  
**To:** Bain, Don PREM:EX  
**Subject:** FW: HR forms for Don Bain

**Judy Cavanagh** | Executive Director, Operations and Strategic Initiatives  
Vancouver Cabinet Office | Office of the Premier  
**P:** 604-775-1600 | **E:** [judy.cavanagh@gov.bc.ca](mailto:judy.cavanagh@gov.bc.ca)

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**From:** Parte, Maura PSA:EX  
**Sent:** Thursday, December 28, 2017 2:36 PM  
**To:** Cavanagh, Judy PREM:EX  
**Subject:** HR forms for Don Bain

Hi Judy,

Below and attached is the package of HR forms we send to new employees.  
Please send completed forms to [Nancy.Valley@gov.bc.ca](mailto:Nancy.Valley@gov.bc.ca).  
Usually they would be sent to me s.22 .

Let me know if there are any questions.

Maura

Your Employee ID is <sup>s.22</sup> - you will need it to complete these forms.

Please note that all forms must be personally signed and then scanned, no filling in the signature box electronically.

Please submit within the first 3 days –

- Direct Deposit Authorization
- TD1 – Tax – federal 2017
- TD1BC – Tax – BC 2017
- Waiver of Pension Coverage (Optional) – only if waiving pension coverage

Please submit within the first 2 weeks –

- Personal and Emergency Contact Information
- Information Management and Information Technology Agreement
- Standards of Conduct Acknowledgement
- Flexible Benefits Enrolment/Change
- Medical Service Plan (MSP) Application for Group Enrolment
- Nomination of Beneficiary (Pensions)
- Group Life Beneficiary Designation – see note below
- Evidence of Insurability – see note below

Oath of Employment – Oath must be completed within 90 days of your start date. When taking your

Oath, please ensure you take a current piece of photo identification with your signature, a copy of the

Oath of Employment form but do not sign in advance as your signature must be witnessed by a

Commissioner. You can do this at the Vancouver Courthouse.

**Please scan and email all forms with the exception of the Group Life Beneficiary Designation and Evidence of Insurability forms**

Group Life Beneficiary Designation form, please mail ORIGINAL to –  
Benefits Service Centre

Block E-2261 Keating Cross Road  
Saanichton, BC V8M 2A5

Evidence of Insurability form - On initial enrolment, an employee can choose up to \$50,000 in Optional

Group Life Insurance (as long as they have chosen 3 times their annual salary for Basic Group Life

Insurance) and up to \$50,000 in Optional Spousal Life Insurance without Evidence of

Insurability.

Complete the Evidence of Insurability only if more than \$50,000 in Optional Life Insurance is chosen.

Send completed form to:

The Great-West Life Assurance Company

Group Medical Underwriting

PO Box 6000

Winnipeg, MB R3C 3A5