

Instructions: The Enrolment form must be completed and signed by your school board(s) each time you sign a contract of employment or the first occasion of substitute teaching in Saskatchewan. If you have a change in your personal information, contract status and/or dependant information, please complete a **Change of Information** form, which is available at www.stf.sk.ca.

Return completed form to:
Saskatchewan Teachers' Federation
2317 Arlington Avenue
Saskatoon SK S7J 2H8

| To be Completed by School Division | | Contract Status – Check (✓) all that apply | |
|---|--|--|---------------------------------|
| | | Contract Commencement Date (DD MMM YYYY) | Contract End Date (DD MMM YYYY) |
| Pension Plan Membership: <input type="checkbox"/> STRP <input type="checkbox"/> STSP <input type="checkbox"/> Retired <input type="checkbox"/> ATRP | School Division Name | <input type="checkbox"/> Continuing | Not applicable |
| School Division Signature | <input type="text"/> | <input type="checkbox"/> Temporary | <input type="text"/> |
| <input checked="" type="checkbox"/> Date teacher meets plan eligibility requirements | 20th Teaching Occurrence (DD MMM YYYY) | <input type="checkbox"/> Replacement | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Substitute | Not applicable |

Member Information (Must have valid provincial health plan coverage.)

| | | | |
|--|--------------------------------------|-------------------------|---|
| Last Name | First Name | Initial | Preferred Name |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender | Date of Birth (DD MMM YYYY) | Social Insurance Number | Teacher's Certificate Number |
| <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home Mailing Address | Preferred Non-Employer Email Address | | |
| <input type="text"/> | <input type="text"/> | | |
| City | Province | Postal Code | Home Phone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | (<input type="text"/>) <input type="text"/> |
| School Name | | | Mobile Phone |
| <input type="text"/> | | | (<input type="text"/>) <input type="text"/> |

Dependant Information (All eligible dependants must have valid provincial health plan coverage.)
To be completed by teachers on a continuing, temporary or replacement contract to enrol eligible dependants in the STF Members' Health Plan and the Teachers' Dental Plan.

Spouse Information

| | | | |
|----------------------|----------------------|-----------------------------|--|
| Last Name | First Name | Date of Birth (DD MMM YYYY) | Gender |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female |

If your spouse has an employer group plan indicate the coverage provided.

| | |
|--|--|
| Health: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None | Dental: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None |
| Vision: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None | Drugs: <input type="checkbox"/> Single <input type="checkbox"/> Waived <input type="checkbox"/> Family <input type="checkbox"/> None |

If your spouse is a teacher, please provide their teaching certificate number

Children Information

| Last Name | First Name | Date of Birth (DD MMM YYYY) | Gender | Full-Time Student?* | Disabled Dependant? |
|----------------------|----------------------|-----------------------------|--|--|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*If dependent child is age 21 or older, attach verification of full-time status at educational institution.

Member Authorization

I confirm that the foregoing information is true, complete and accurate as of this date. I consent to the Saskatchewan Teachers' Federation ("STF") obtaining, retaining, disclosing, exchanging and using any personal information, including personal health information, about me or my dependants ("Personal Information"), in accordance with the STF's Privacy Notice and policies, at any time, from, to or with others, including the STF's affiliates, service suppliers, successors, assigns and other persons, but only for the purpose of furthering or maintaining a current or future relationship between us or between the STF and such person, or as may be necessary to determine my or my dependants' entitlement to health, dental, disability, pension and group insurance benefits or any similar service supplied to me or my dependants by the STF, its affiliates or service suppliers. I agree that my consent to the foregoing is a fundamental condition of the STF providing certain services to me and my dependants and that, if such consent is revoked or withdrawn, the STF will no longer be able to provide those services to me and my dependants. I agree to immediately notify the STF in writing of any change to the above-listed Personal Information.

Member Signature Date Signed (DD MMM YYYY)

Consent required on the reverse >

Consent for Internal Data Use for Research and Statistical Purposes

I understand that the STF will obtain, retain, disclose, exchange and use Personal Information for the purposes of statistical analysis and research. I understand and agree that any Personal Information collected will be de-identified and aggregated with the personal information of others for use of research and statistical purposes to ensure the protection of the privacy of me and my dependants. I understand that providing my consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information in connection with research and statistical purposes is optional, but if I choose not to provide this consent, this will negatively impact the accuracy, reliability and quality of the STF's statistical analysis and research.

Please check one of the following:

- I consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information for the research and statistical purposes described above in accordance with the STF's Privacy Notice and policies.
- I do not consent to the STF obtaining, retaining, disclosing, exchanging and using Personal Information for the research and statistical purposes described above.

The information you provide to us will be used to provide services to you and to determine your entitlement for health, dental, disability, pension and group insurance benefits. Please direct your inquiries as follows:

Dental

- **Saskatchewan Teachers' Superannuation Commission**
Toll free 1-877-364-8202 or 306-787-8814 in Regina

Disability

- **Teachers' Long-Term Disability Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon
- **Saskatchewan Teachers' Disability Benefits Plan**
Teachers' Superannuation Commission
Toll free 1-877-364-8202 or 306-787-6440 in Regina

Health

- **STF Members' Health Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon

Pension

- **Saskatchewan Teachers' Retirement Plan**
Saskatchewan Teachers' Federation
Toll free 1-800-667-7762 or 306-373-1660 in Saskatoon
- **Saskatchewan Teachers' Superannuation Plan**
Teachers' Superannuation Commission
Toll free 1-877-364-8202 or 306-787-6440 in Regina

Dependant Information for the Health and Dental Plan

For purposes of the health and dental plan:

- **Spouse** means your legal spouse, or the person who has been living with you in a spousal relationship for at least 12 consecutive months.
- **Dependant** means your natural, adopted or stepchild who is:
 - Under 21 years of age, unmarried, and solely dependent upon you for support. (Children under age 21 are not covered if they are working more than 30 hours per week, unless they are full-time students.)
 - Age 21 or older but under age 26, unmarried, dependent upon you for support and in full-time attendance at an accredited post-secondary educational institution.
 - Age 21 or older and is incapable of supporting his or herself because of a physical or mental disability, provided the disabling condition began before age 21, or before age 26 while a full-time student, and the disability has been continuous since then.

Preferred Non-Employer Email Address

Your preferred email address is used to provide you with electronic communications from the Federation. Members must provide a preferred email address, as all communications from the Federation, including information on provincial collective bargaining, will be sent to this email address. Your preferred email address also provides access to the MySTF section of the Federation's website, which contains your personalized pension and benefit information.

It's Important to Keep Your Records Up-To-Date

Changes to your name, mailing address, preferred email address, school name, or health and dental plan spouse or dependant information can be updated online in the MySTF section of the Federation website, www.stf.sk.ca. However, a Change of Information form must be used to notify the Federation of changes to your employment status.