

VOLUNTARY DENTAL PLAN UPGRADE APPLICATION

Mail: Teachers' Pension Plan, PO Box 9460, Victoria, BC V8W 9V8

Toll-free Phone: 1 866 876-8877 | Web: tpp.pensionsbc.ca

- i APPLICANTS — Please complete this form to upgrade to the ENHANCED Dental Plan.**
 You can only make an application for any dependants currently enrolled on the Essential Dental Plan.
 If you wish to add or remove dependants during this upgrade, contact Teachers' Pension Plan.

OFFICE USE ONLY

GSC ID Number	Effective date of first pension deduction (yyyy-mm-dd)
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PART 1 — APPLICANT INFORMATION

First name	Last name	Middle initial	Birthdate (yyyy-mm-dd)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Street address	City	Province	Postal code	
Mailing address (if different from above)	City	Province	Postal code	
Email address	Daytime phone number (10 digits)	Person ID Number — PID (8 digits)		

PART 2 — UPGRADE OPTION

- Upgrade to ENHANCED Dental**
- Basic and Major Services — 70% to a maximum of \$2,000 per person per calendar year.
 - All members and dependants are required to remain on this plan for a minimum of 12 months from the coverage effective date.
 - To be eligible for this upgrade, you must have been covered under the Essential Dental Plan for at least 24 months.
Downgrading coverage from the ENHANCED Plan to the Essential Plan is not allowed. Rates are subject to change.
 - We require the completed application form one month prior to the effective date of your enhanced coverage.

PART 3 — APPLICANT SIGNATURE

I have read this application and certify that all questions are answered fully and correctly.

I authorize Green Shield Canada to use my Person ID Number (PID) for identification purposes only.

I understand that any information provided by me in relation to this contract, or any other contract with Green Shield Canada, may be used by Green Shield Canada in adjudicating claims for me and my dependants.

I also understand and consent to the disclosure of this personal information to my plan sponsor when required or permitted by contract between Green Shield Canada and my plan sponsor; and to the retention, use and disclosure of this personal information in accordance with Green Shield Canada's Privacy Policy. The privacy policy is available online at <http://www.greenshield.ca/en-ca/privacy-policy> or by calling Green Shield Canada at 1.888.711.1119.

Applicant signature X	Date Signed (yyyy-mm-dd)
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