

Teachers' Dental Plan

Change of Information

Instructions: Complete this form only when there is a change in your personal circumstances including termination of contract or retirement. If you are new to teaching in Saskatchewan, or have signed a new contract of employment, please refer to and complete an Enrolment form, which is available from your board office or at www.stsc.gov.sk.ca/forms.

Return completed form to:
 Teachers' Superannuation Commission
 129 – 3085 Albert Street
 Regina, SK S4S 0B1
 Email: mail@stsc.gov.sk.ca

General Information

Last Name	First Name	Initial	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Insurance Number	Teacher's Certificate Number		
<input type="text"/>	<input type="text"/>		

Information to Change – Check (✓) all that apply and complete appropriate section(s) below.

Name/Address	Dependant Information	Employment Status	School Division
Name Change	Marital Status	On Leave	<input type="text"/>
Address and/or Telephone Number	Dependant(s)	Retirement	Return From Leave Left Employment

Employment Status

Notification of leave from (DD/MM/YYYY)	to (DD/MM/YYYY) (Please include copy of board letter of approval.)	Termination of contract effective (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name/Address

Member Name Change From/To – Note: Member must also contact Saskatchewan Professional Teachers Regulatory Board at 1-844-254-2230.

New Home Mailing Address

City	Province	Postal Code	Home phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dependant Information

Effective Date of Change (DD/MM/YYYY)	Reason
<input type="text"/>	<input type="text"/>

Spouse Information

Add Change Remove

First Name (and Last Name if different)	Date of Birth (DD/MM/YYYY)	Gender (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If your spouse has an Employer Group Plan complete the following:

Dental Coverage Provided	Single	Waived	Family	None
Insurance Carrier	Group Policy Number	Effective Date of Coverage (DD/MM/YYYY)	Cancel Date of Coverage (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

If your spouse is a teacher, please provide Teaching Certificate Number

Children Information (*If dependent child is 21 or older, attach verification of full-time status and educational institution.)

Add Change Remove	First Name (and Last Name if different)	Date of Birth (DD/MM/YYYY)	Gender (F/M)	Student (Y/N)	Disability (Y/N)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member Authorization

I am authorized to disclose information about my spouse and dependants in order to enroll them in the Saskatchewan Teachers' Dental Plan. By enrolling in this plan, I authorize the following: Sun Life Assurance Company of Canada and Saskatchewan Teachers' Superannuation Commission, its agents and service providers, its reinsurers, their service providers and my plan sponsor to collect, use and disclose relevant information about me to underwrite, administer and adjudicate claims, to collect, use and disclose information about me, my spouse and dependants necessary for enrolment and for the purposes of continuing administration of the plan. I declare that the information above is accurate and true. A photocopy or electronic version of this authorization is as valid as the original.

Member Signature X Date signed (DD/MM/YYYY) _____

The information you provide to us will be used to provide service to you and to determine your entitlement for dental benefits. Please direct your inquiries as follows:

Saskatchewan Teachers' Superannuation Commission

Toll free 1-877-364-8202 or 306-787-8814 in Regina
Email: mail@stsc.gov.sk.ca

Sun Life Assurance Co. of Canada (Insurance Carrier)

P.O. Box 2010 Stn Waterloo
Waterloo, ON N2J 0A6
1-800-361-6212
Web: www.sunlife.ca

Please provide the **Group Plan number 25273** and your **Teaching Certificate number** when inquiring about a dental claim.

The Benefits of Going Online

Submitting your claims online is a convenient way to get your claims processed more quickly and easily, which means you get your money back faster. Why spend time filling out paper forms and waiting for your cheque to arrive?

When you submit your claims online, they are processed instantly and your money is usually in your account within 24-48 hours.

Sign in to www.mysunlife.ca to access our many self-service options and useful resources to help you manage your benefits plan. My Sun Life is password protected, fast, convenient and great for the environment. Want to find out more? Check out our online plan member e-tutorials.

What can I do Online?

Sign in to mysunlife.ca to access these great features*:

- Sign up for direct deposit and submit your claims online for instant processing to get your money back faster than waiting for a cheque.
- View your claims statements as well as your claims history.
- See details of what's covered under your specific plan.
- Check when you or your family members are eligible for your next dental checkup.
- Print an "all-in-one" coverage card to keep in your wallet.
- Access and print your customized claim form.

You can also access these features* all in the palm of your hands through my Sun Life Mobile. You can download this app to your Android or iPhone devices. GET IT ON Google play or Download on the App Store. You'll need a valid email/Access ID and password. Register directly from the app. For more information about the app and to view a demo, visit: www.sunlife.ca/mobile.

Ongoing Enrolment Information Required

It is critical to maintain accurate and current records for you and your dependants. If you have a change in your personal information, contract status and/or dependant information please complete a Change of Information form.