

RESIDENT PAYROLL AND BENEFIT FORM INSTRUCTIONS

(These forms must be completed in order for you to be paid through
London Health Sciences Centre)

Please complete the following information on each of the individual forms:

- **Employee Personal Data Form:**
 - “Personal Data” section - complete in full (leave ID: blank)
 - “Address Information” section – complete in full
 - “Emergency Contact” section – name an individual that LHSC would contact should something happen to you while you are at work
 - “Banking Information” section – Line of Credit accounts cannot be used. Please include a “Void” cheque or account information provided by the financial institution (including bank name, and address)
 - Please sign and date bottom of form
- **2015 Personal Tax Credits Return (TD1): This form determines how much income tax will be deducted from your pays**
 - Complete the personal information at the top of the form. Please leave “Employee number” section blank
 - If you would like the basic tax deducted from your pay, please carry down 11,327 on line 13.
 - Complete page 2 of form if it pertains to you.
 - Please sign and date page 2 of form
 - Please note if you claimed more than the basic amount 11,327, you will need to complete a new form in mid December 2015 for the 2016 tax year.
 - If you decide to claim some of the additional sections on the form, please read the section(s) carefully and follow directions for the specific claim. Consult a tax expert or your accountant if you are not sure what items you should claim.
- **2015 Ontario Personal Tax Credits Return (TD1ON):**
 - Complete the personal information at the top of the form. Please leave “employee number” section blank
 - If you would like the basic tax deducted from your pay, please carry down 9,863 on line 12.
 - If you claimed any items on your 2015 Personal Tax Credits Return Form (TD1), you must claim the same item on this form.
 - Complete page 2 of form if it pertains to you
 - Please sign and date page 2 of the form

- Please note if you claimed more than the basic amount 9,863, you will need to complete a new form in mid December 2015, for the 2016 tax year.

➤ **Life Insurance Enrolment form:**

You are covered for 2 times your annual salary for basic term life insurance

- **"Member Details"** section – complete "member name" and "date of birth"
- **"Revocable beneficiary nomination"** – name a beneficiary or beneficiaries (if you name more than one beneficiary, the life insurance would be split equally in the event of your death) for your Life Insurance.
- **"Beneficiary Trustee Nomination"** – **only complete if your beneficiary is under 18 years of age.**
- **"Authorization and Signature"** - Sign and date

➤ **Manulife Financial – Group Benefits Enrolment form** (Benefits are at no cost to employee except for an annual deductible (\$15 – single, \$25 – family), Extended Health and Dental – please review benefit booklet which is included and the sheet regarding the late enrolment penalties). Your group number is: 86936, member certificate number: hospital ID# (found on your paystubs). Please read the "Late Enrolment Penalties" sheet attachment.

➤ **Part 1: "Employee Information,"** including:

- Your name (last name, first name)
- If you don't know your Employee Identification Number, please leave this blank
- Sex (Male/Female)
- Date of birth (dd/mm/yyyy)

• **Part 2: "Group Benefit Coverage Information"** – applying for Health and Dental Benefits

- **I wish to enroll:** Choose which benefits you are planning to enroll in (extended health and/or dental) and if you are requesting single or family.
- **I wish to waive:** If you are waiving your benefits because you have other coverage (benefits are mandatory unless you have other coverage) check the applicable boxes (Single/Family, Extended Health/Dental, Employee/Children), and complete the Name of Carrier, Plan Number, Member ID, Effective Date.
- **I wish to Coordinate my Benefits with another plan:** You will need to have your other coverage information. Check the applicable boxes (Single/Family, Extended Health/Dental,

Employee/Children), and complete the Name of Carrier, Plan Number, Member ID, Effective Date with the other plan information.

- **Part 3: “Dependent Information,”** if you are requesting family coverage
 - List all of your dependents that you want to be covered, including your spouse, common-law (must have been cohabitating for a period of one year, same sex partner, and children-unmarried and under 21.
 - Indicate Relationship, gender and date of birth
- **Part 4: “Certification and Authorization”** – please read the information in this section and sign and date where indicated.

If you have any questions or concerns regarding the above information, please contact your **Human Resources Associate at 519-685-8500 x 46247.**

PLEASE RETURN ALL FORMS BY JUNE 5, 2015

Other Important Information:

Your first pay from LHSC will be for the pay period of June 25, 2015 up to July 9, 2015 and will be paid by direct deposit on July 17, 2015. Your paystub is only available online. If you have any problems with your paystub (ie. On Call amounts, hours paid for) please contact Medical Affairs at extension 75128.

If you need to change your address you can do so using the self service feature online. Instructions are included.

Manulife will mail a Pay Direct Drug Card within 4-6 weeks of your hire date to your home address. After you have been set up for benefits, Manulife can be reached at www.manulife.ca, or 1-800-265-2260.

Other Attachments for your Information:

- E-Pay instructions
- Self Service Instructions for Address Changes
- Tax Information
- Late Enrolment Penalties
- Benefit Booklet

Fax: 519-663-3889

Mailing Address: Human Resources Associate, LHSC, Human Resources, 339 Windermere Rd, London, ON N6A 5A5

Go2hr@lhsc.on.ca