

RESIDENT PAYROLL AND BENEFIT FORM INSTRUCTIONS

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

PLEASE RETURN ALL FORMS BY JUNE 7, 2019

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

1. **Employee Personal Data Form**

- Personal Data - Complete in full (please leave employee ID blank)
- Address/Phone - Complete in full
- Emergency Contact - Name an individual that LHSC would contact should something happen to you while you are at work
- Banking Information - Please include a "VOID" cheque or a Direct Deposit form provided by the financial institution. Line of Credit accounts cannot be used.
- Please sign and date where indicated.

2. **2019 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 blank.
- If you would like the basic tax deducted from your pay, please carry down 12,069 on line 13.
- Complete page 2 of form if it pertains to you.
- Please sign and date page 2 of form.
- 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.

3. **2019 Ontario Personal Tax Credits Return (TD1ON)**

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 blank.

- If you would like the basic tax deducted from your pay, please carry down 10,582 on line 10.
- If you claimed any items on your 2019 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.

4. Life Insurance Enrolment Form (Sun Life Financial)

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

- Member Details – 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 the age of 18.**
- Authorization and Signature – Sign and date

We require the original signed form (with “wet ink” signature) to be submitted. We cannot accept a copy, fax or scan.

5. Group Benefits Application

Benefits are at no cost to the employee except for an annual deductible (\$15 – single coverage, \$25 – family coverage). **Your group number is 86936 and your member certificate will be your employee ID** (found on your paystubs).

- Part 1: Employee Information - complete in full (please leave employee ID blank).
- Part 2: Group Benefit Coverage Information - Extended Health and Dental
 - I wish to **enroll**: Choose which benefits you would like to enroll in (extended health and/or dental) and if you are requesting single or family coverage. **Benefits are mandatory unless you have other coverage.**
 - I wish to **waive**: You will need to provide the other coverage information. Check the applicable boxes (Single/Family, Extended Health/Dental, Employee/Children), and complete the Name of Carrier, Plan Number, Member ID and Effective Date with the other plan information.

- (If enrolling) I also wish to **coordinate my benefits with another plan**: You will need to provide the other plan information. Check the applicable boxes (Single/Family, Extended Health/Dental, Employee/Children), and complete the Name of Carrier, Plan Number, Member ID and Effective Date with the other plan information.
- **Part 3: Dependent Information** - (only 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) 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.

Please review the included Benefit Booklet and Late Enrolment Penalties sheet.

If you have any questions regarding the above information, please contact your **Go2HR Associate at 519-685-8500 ext. 46247** or GO2HR@lhsc.on.ca

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All Forms (except the Sun Life Group Benefit Enrolment form) can be sent by:

Scanning to GO2HR@lhsc.on.ca
Faxing to 519-663-3889
Mailing to Go2HR, University Hospital
339 Windermere Rd, P.O. Box 5339
London, ON N6A 5A5

The Sun Life Group Benefit Enrolment form (for Life Insurance) must be mailed or handed in on your hospital orientation day.

Other Important Information:

Your first pay from LHSC will be for the pay period of June 21, 2019 to July 4, 2019 and will be paid by direct deposit on July 11, 2019. **Your first pay will only be for your first 4 days worked (July 1, 2019 to July 4, 2019).** Your paystubs

are only available online. If you have any issues with your paystub (ie. on call amounts, hours paid) please contact **Medical Affairs at ext. 75128**.

You can only view your paystubs and T4 on line as long as you remain a resident with LHSC. Once your residency is complete you will no longer be able to print paystubs or T4s

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.com, or 1-800-265-2260.

Other Attachments for your Information:

- E-Pay/E-T4 Guide
- Self Service Address Information
- Guide to Reviewing On Call Shifts Paid
- Tax Information
- Late Enrolment Penalties
- Benefit Booklet