



## Labrador Benefits Agreement

Prior to April 1<sup>st</sup> of each year, this form must be completed by the employee and returned to their Department Head.

"Dependent" in the context of this Agreement means a spouse or child under the age of eighteen years before April 1<sup>st</sup> of the reporting year, or under the age of twenty-four years if the child is enrolled full-time at a school or post-secondary institution.

If your child is between the ages of 18 and 24, indicate whether they are attending a school or post-secondary institution by noting 'yes' or 'no' in the Dependent Child column.

Group 1  Start Date: \_\_\_\_\_  
Group 2   
Group 3

Full Name	Birth Date Year/Month/Day	Age	Dependant Child (Y/N)
Employee			
Spouse			
Child			

Total Payment: \_\_\_\_\_

Is your spouse employed by Memorial University of Newfoundland, Provincial Government Departments or quasi-government agencies? (i.e. Hospitals, NL Liquor Corporation, School Board)

Yes  No

If yes, please state the name of your employer \_\_\_\_\_

Please check who will be claiming your dependents: You  Your Spouse

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_\_\_  
(Director of Labrador Institute)

FOAPAL: \_\_\_\_\_

### Access to Information and Protection of Privacy

Information gathered on this form is collected under the authority of the Memorial University Act (RSNL 1990 M-7). The information is used for administrative purposes of the University, including maintaining records. This form will be used as a permanent record and may be stored electronically for future reference. Questions regarding the collection or use of this personal information should be directed to the Department of Human Resources, Arts & Administration building, Memorial University of Newfoundland.