



Labrador Benefits Agreement

Prior to April 1st 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 1st 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				
Child				
Child				
Child				
Child				
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.