

Hi!

Here are the steps to fill out some of those more complicated onboarding documents including your Tax Documents and Benefits Forms. Please note that **all forms must be completed** and returned to Onboarding as part of the requirements of your role with OSL.

on your smartphone

If you don't have a printer, feel free to download the free **Adobe Fill & Sign** app to fill out your documents easily and quickly return them via email.

# 1. How do I fill out my Tax Documents?

Tax documents can be confusing!

And we aren't tax experts.

This means, that we aren't authorized to give you the advice that you may need to fill out your tax documents (in a way that would benefit you the most).

But we can tell you what you **NEED** to fill out & return to us **right now**. Follow these instructions to fill out your Federal and Provincial Tax Forms and return them to us ASAP!

We encourage you to reach out to a tax expert in your area (like an accountant you may know or a local H&R Block) to edit your tax documents and return them to us at a later date.

You can change your tax documents at any time!

**IMPORTANT:** Please ALSO send a snap of a government document containing your **SIN** (like your SIN card, your SIN document or an old T4) to complete the **SIN** portion of your onboarding requirements.

## Page 1

Canada Revenue Agency / Agence des Revenus du Canada  
2018 Personal Tax Credits Return  
Protected B when completed  
TD1

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your tax deductions. Fill out this form based on the best estimate of your circumstances. **Fill out everything circled in RED**

Last name	First name and initials	Date of birth (YYYYMMDD)	Employee number
Address		Postal code	For non-residents only - Country of permanent residence
			No Employee Number needed!

1. Basic personal amount - Every resident of Canada can claim this amount. If you will have more than one employer or payer at the same time in 2018, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-resident" on page 2.

2. Canada caregiver amount for infirm children under age 18 - Either parent (but not both), may claim \$2,162 for each infirm child born in 2001 or later, that resides with both parents throughout the year. If the child does not reside with both parents throughout the year, the parent who is entitled to claim the "Amount for an eligible dependent" on line 8 may also claim the Canada caregiver amount for that same child who is under age 18.

3. Age amount - If you will be 65 or older on December 31, 2018, and your net income for the year from all sources will be \$36,976 or less, enter \$7,253. If your net income for the year will be between \$36,976 and \$58,463 and you want to calculate a partial claim, get Form TD1-W5, Worksheet for the 2018 Personal Tax Credits Return, and fill in the appropriate section.

4. Pension Income amount - If you will receive regular pension payments from a pension plan or fund (excluding Canada Pension Plan, Quebec Pension Plan, Old Age Security, or Guaranteed Income Supplement payments), enter \$2,000 or your estimated annual pension income, whichever is less.

5. Tuition (full time and part time) - If you are a student enrolled at a university or college, or an educational institution recognized by Employment and Social Development Canada, and you will pay more than \$100 per institution in tuition fees, fill in this section. If you are enrolled full time or part time, enter the total of the tuition fees you will pay.

6. Disability amount - If you will claim the disability amount on your income tax return by using Form T2201, Disability as Credit Certificate, enter \$8,000.

7. Spouse or common-law partner amount - If you are supporting your spouse or common-law partner who lives with you and whose net income for the year will be less than \$11,809 (\$13,991 if he or she is infirm), enter the difference between his amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,809 or more (\$13,991 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,381 or less and he or she is infirm, go to line 9.

8. Amount for an eligible dependent - If you do not have a spouse or common-law partner and you support a dependent relative who lives with you and whose net income for the year will be less than \$11,809 (\$13,991 if he or she is infirm), enter the difference between his amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,809 or more (\$13,991 or more if he or she is infirm), you cannot claim this amount. In all cases, if his or her net income for the year will be \$23,381 or less and he or she is infirm, go to line 9.

9. Canada caregiver amount for eligible dependent or spouse or common-law partner - If, at any time in the year, you support an infirm eligible dependent (aged 18 or older) or an infirm spouse or common-law partner whose net income for the year will be \$23,381 or less, get Form TD1-W5 and fill in the appropriate section.

10. Canada caregiver amount for dependent(s) age 18 or older - If, at any time in the year, you support an infirm dependent age 18 or older (other than the spouse or common-law partner or eligible dependent you claimed an amount for on line 9), or could have claimed an amount for if his or her net income for the year will be \$11,809 or more (\$13,991 or more if he or she is infirm), enter \$2,162. If his or her net income for the year will be between \$11,809 and \$23,381 and you want to calculate a partial claim, get Form TD1-W5 and fill in the appropriate section. You can claim this amount for more than one infirm dependent age 18 or older. If you are sharing this amount with another caregiver who supports the same dependent, get Form TD1-W5 and fill in the appropriate section.

11. Amounts transferred from your spouse or common-law partner - If your spouse or common-law partner will not use all of his or her age amount, pension income amount, tuition amount, or disability amount on his or her income tax return, enter the unused amount.

12. Amounts transferred from a dependent - If your dependent will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If you or your spouse or common-law partner's dependent child or grandchild will not use all of his or her tuition amount on his or her income tax return, enter the unused amount.

13. TOTAL CLAIM AMOUNT - Add lines 1 to 12. Your employer or payer will use this amount to determine the amount of your tax deductions.

Take the number indicated at the top of your tax document. And write it HERE

TD1 E (v4) (Ce formulaire est disponible en français) Page 1 of 2 Canada

Protected B when completed

Filing out Form TD1

Fill out this form only if:

- you have a new employer or payer and you will receive salary, wages, commissions, pensions, employment insurance benefits, or any other remuneration;
- you want to change amounts you previously claimed (for example, the number of your eligible dependents has changed);
- you want to claim the deduction for living in a prescribed zone; or
- you want to increase the amount of tax deducted at source.

Sign and date it, and give it to your employer or payer.

If you do not fill out Form TD1, your employer or payer will deduct taxes after allowing the basic personal amount only.

More than one employer or payer at the same time

If you have more than one employer or payer at the same time and you have already claimed personal tax credits on another Form TD1 for 2018, you cannot claim them again. If your total income from all sources is more than the personal tax credits you claimed on another Form TD1, check this box, enter "0" on line 13 and do not fill in lines 2 to 12.

Total income less than total claim amount

Check this box if your total income for the year from all employers and payers will be less than your total claim amount on line 13. Your employer or payer will not deduct tax from your earnings.

Non-residents (Only fill in if you are a non-resident of Canada)

As a non-resident of Canada, will 90% or more of your world income be included in determining your taxable income earned in Canada in 2018?

☐ Yes (Fill out the previous page.)

☐ No (Enter "0" on line 13, and do not fill in lines 2 to 12 as you are not entitled to the personal tax credits.)

If you are unsure of your residency status, call the International tax and non-resident enquiries line at 1-800-959-8381.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$11,809, you also have to fill out a provincial or territorial TD1 form. If you are an employee, use the Form TD1 for your province or territory of employment. If you are a pensioner, use the Form TD1 for your province or territory of residence. Your employer or payer will use both the federal form and your most recent provincial or territorial Form TD1 to determine the amount of your tax deductions.

If you are claiming the basic personal amount only (your claim amount on line 13 is \$11,809), your employer or payer will deduct provincial or territorial taxes after allowing the provincial or territorial basic personal amount.

Note: If you are a Saskatchewan resident supporting children under 18 at any time during 2018, you may be able to claim the child amount on Form TD1-SK, 2018 Saskatchewan Personal Tax Credits Return. Therefore, you may want to fill out Form TD1-SK when you are only claiming the basic personal amount on this form.

Deduction for living in a prescribed zone

If you live in the Northwest Territories, Nunavut, Yukon, or another prescribed northern zone for more than six months in a row beginning or ending in 2018, you can claim:

- \$11.00 for each day that you live in the prescribed northern zone; or
- \$22.00 for each day that you live in the prescribed northern zone if, during that time, you live in a dwelling that you maintain, and you are the only person living in that dwelling while claiming the deduction.

Employees living in a prescribed intermediate zone can claim 50% of the total of the above amounts.

For more information, go to [canada.ca/taxes-northern-residents](https://canada.ca/taxes-northern-residents).

Additional tax to be deducted

You may want to have more tax deducted from each payment, especially if you receive other income, including non-employment income such as CPP or OAS benefits, or old age security pension. If you do this, you may not have to pay as much tax when you file your income tax return. To choose this option, state the amount of additional tax you want to have deducted from each payment. To change this deduction later, fill out a new Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted on your income tax return if you are eligible for deductions or non-refundable tax credits that are not listed on this form (for example, periodic contributions to a registered retirement savings plan (RRSP), child care or employment expenses, charitable donations, and tuition and education amounts carried forward from the previous year). To make this request, fill out Form T1213, Request to Reduce Tax Deductions at Source, to get a letter of authority from your tax services office. Give the letter of authority to your employer or payer. You do not need a letter of authority if your employer deducts RRSP contributions from your salary.

Personal information is collected under the Income Tax Act by the administrator, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of benefits. This information is shared or withheld with other federal, provincial/territorial government institutions to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under this Privacy Act, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at [canada.ca/info-source](https://canada.ca/info-source), Personal Information Bank (PIB), 1-800-959-8381.

Certification

I certify that the information given on this form is correct and complete.

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

It is a serious offence to make a false return.

Y Y Y Y M M D D

Page 2 of 2

And finally, fill out this box!

## 2. What are included in my Benefits?

You're asking all of the right questions!

Let's simplify things.

Here is what you'll get and how much it will all cost if you register with our Benefits Plan!

### Part Time Employee Benefits – OSL Canada

**Important Note:** The following is just a snapshot of what's included in this plan. Please see the brochure in your onboarding email for everything you have access to.

#### OPTIONAL

As a part-time employee, you have the option of opting-in or opting-out in full or in part of the following, some restrictions apply.

*In full, the plan costs \$60-80 a month for SINGLE and \$160-\$180 a month for FAMILY*

These benefits include:

#### Medical Coverage

Prescription medication covered at 80%, maximum per plan per year \$5,000

Extended Health Care covered at 100% up to \$300 per person per year (i.e. physiotherapy, acupuncture, chiropractic, naturopath and psychologist)

#### Dental Coverage

Basic Services covered at 80%, up to \$750 per single plan per year

Basic Services covered at 80%, up to \$2,000 per family plan per year

Accidental dental covered at 100%

#### Vision Coverage

Eye Exams 50\$ per person every 2 years

Vision \$100 per person every 2 years (i.e. glasses, contact lenses)

#### Travel Coverage

Travel health insurance up to 60 days out of country (up to \$5 million per trip)

#### Other Benefits

Ambulance transport services covered at 100%

Hearing Aids \$400 per person every 60 months

Custom orthotics \$650 per person per year

Custom orthotic shoes covered at 50% for up to 2 pairs per person per year

Equipment covered: CPAP (100%), Blood Glucose monitoring (100%) and TENS (\$700 maximum)

Private Duty Nursing 5,000 per year

#### Life Insurance

\$25,000 Basic Life Insurance for you

\$10,000 Basic Life Insurance for your partner

### 3. How do I fill out my Benefits Form?

Alright! Let's get started.

Follow the steps to the **right** to fill out your benefits form.

If you or your children are already enrolled in a different benefits plan, you can **still** register for our Benefits Plan (at full price) as **co-insurance**.

What's **co-insurance**? If the current benefits plan covers about 80% for most health purchases, registering with our benefits plan can cover you for the remaining 20%.

What is a Beneficiary?

A **Beneficiary** is the person who gets your life insurance money in the event that you pass away while enrolled in this Benefits Plan.

Why do I need a Contingent Beneficiary?


In the event that you and your **Beneficiary** pass away together (i.e. car accident) your life insurance money will go to a secondary **Beneficiary** - called a **Contingent Beneficiary**.

How do I calculate the **percentage**?

All of your Life Insurance money is 100%

Half of your Life Insurance money is 50%

A quarter of your Life Insurance money is 25%

HealthSource Plus.  **GROUP ENROLMENT FORM**  
Please print clearly, use ink, sign and date the form.

**1. EMPLOYEE AND EMPLOYER INFORMATION. To be completed by Plan Administrator.**

Company Name	Employee Number	Division	Class	Certificate Number	Consent: I authorize the Plan Administrator to use my personal information for the purposes of administering the plan. I understand that the Plan Administrator has the right to recover from me any payments made in error.
Employee (or Representative) Date (dd/mm/yy)	Effective Date of Coverage (dd/mm/yy)	Is the waiting period being waived? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please attach letter of explanation.	
Salary \$	Number or regular hours worked per week?		HSP will assume employee works 52 weeks per year - if this varies, please contact your Client Service Specialist.		

**2. EMPLOYEE/DEPENDENT INFORMATION. To be completed by Employee.**

Employee Last Name	Employee First Name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Please ensure to print clearly, to ensure accurate entry of your information.
Date of Birth (dd/mm/yyyy)	Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	Home Phone (including area code)	
Street Address	City	Province	Postal Code
City	Province	Postal Code	Employee Email Address
What type of coverage are you applying for? (check one)		If you have questions on the type of coverage to select, please speak to:	
<input type="checkbox"/> HSP (please complete Refusal of Coverage section)		<input type="checkbox"/> Single <input type="checkbox"/> Family	

**3. FAMILY DETAILS.**

Do you have a spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	If common-law, when did you start living together? (dd/mm/yy)	Please print clearly, to ensure accurate entry of your information.
Last Name	Gender	Date of birth (dd/mm/yy)
First Name	<input type="checkbox"/> Child <input type="checkbox"/> Parent	

**Want to Enroll in Family Benefits? Fill out all that is circled in BLACK**

Child Last Name	Child First Name	Gender	Date of birth (dd/mm/yy)	Overseas Student	Disability
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. COORDINATION OF BENEFITS. To be completed by Employee, if applicable.**

**Want to Enroll in Benefits as co-insurance? Fill out all that is circled in PURPLE**

Current	<input type="checkbox"/> None <input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Couple <input type="checkbox"/> Single Parent	Coverage under two group plans, as the primary plan member, the plan with the earlier effective date will be first payer.
---------	--	---

**5. REFUSAL OF COVERAGE. To be completed by Employee, if applicable.**

**Refuse Benefits with this FINAL step! Fill out ALL that is circled in RED**

<input type="checkbox"/> I reject & my dependents	<input type="checkbox"/> I reject & my dependents	If refused, if the employee and/or dependents have coverage elsewhere, all other benefits are mandatory.
<input type="checkbox"/> I reject & my dependents only	<input type="checkbox"/> I reject & my dependents only	

**MUST ANSWER IF YOU ARE REFUSING HEALTH AND DENTAL COVERAGE:**

Are you or your dependents now covered by any other group plan? Yes No

If yes: Policy holder's name: \_\_\_\_\_ Carrier: \_\_\_\_\_

I understand that I am refusing insurance because myself and/or my dependents are insured under another applicable insurance plan.

Should I wish to join this plan at a later date, I understand that I must request enrollment within 31 days following the termination of other applicable insurance plan or approved event.

If Dental coverage is refused, I understand that my benefits may be reduced if I later wish to enroll for this coverage. I understand that I may be required to provide, at my expense, evidence of insurability satisfactory to the insurer. If later wish to enroll in any other coverage that is now being refused.

**Date Required** **Signature Required**

**6. FUTURELY DESIGNATED BENEFICIARY INFORMATION. To be completed by Employee.**

The plan member is the beneficiary of insurance on the lives of this or her dependents. Unless otherwise stipulated or prohibited by law, the designation is irrevocable. If the beneficiary is shown as irrevocable, further consent is required to change it. In Quebec, the designation of your spouse (marriage or civil union) as beneficiary is irrevocable unless otherwise specified.

**If you are enrolling in SINGLE or FAMILY Benefits Fill out ALL that is circled in ORANGE**

If you are a resident of the province of Quebec and you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. <input type="checkbox"/> Revocable Beneficiary		on any changes
Minor Clause, (Trustee for children under the Age of Majority - Excluding Quebec residents)	Trustee Name	Relationship to Life Insured
As indicated above the trustee is hereby appointed to receive any payment due on or after the life insured's death to any BENEFICIARY DESIGNATED on this form who is a minor on the date such payment is due.		

**7. CONTINGENT BENEFICIARY. To be completed by Employee, if applicable.**

If there are no surviving beneficiaries at the time of my death, I declare that the following contingent beneficiaries shall receive the proceeds. If there are no surviving contingent beneficiaries at the time of my death, the proceeds shall be paid to my estate. Unless specified otherwise, my contingent beneficiaries will apply to all my benefits. The designations you make on this form replace any prior beneficiary designations.

Last Name	First Name	Date of Birth	Relationship to Employee	Percentage of Benefit	Can be used as a secondary beneficiary designation in the event the original designated beneficiary predeceases the insured.
				%	<input type="checkbox"/> Yes <input type="checkbox"/> No
				%	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are a resident of the province of Quebec and you name your legal spouse (married or civil union) as the beneficiary, this beneficiary will be irrevocable unless you check the revocable box. ☐ Revocable Beneficiary

**8. Authorizations, & Declarations. To be completed by Employee (sign and date in ink).**

I, I declare the person(s) named above under Beneficiary Designation as beneficiary(ies).

**Almost Done! COMPLETE your Benefits Enrolment by filling out all that is circled in GREEN**

5. I authorize my Plan Administrator (HealthSource Plus) to use my social insurance number for tax reporting purposes and as an identification number where required for the administration of the plan.

6. I authorize my Plan Administrator (HealthSource Plus), its agents, insurers and service providers to use and exchange information collected in this form to underwrite, administer, determine eligibility and adjudicate claims.

7. I authorize my Plan Administrator (HealthSource Plus), Plan Sponsor as required, to use the information collected in this form to make any necessary payroll deductions which may be required.

8. I understand that the Plan Administrator shall have the right to recover from me any payments made in error.

**Plan Member Signature** **Signature Required** **Date** **CO/YY/YY** **Date Required**

**Employer Authorization. To be completed by Plan Administrator.**

I declare that the information provided on this form is complete and accurate to the best of my knowledge, and I authorize HealthSource Plus to use this information to administer the group benefits plan, obtain quotes for underwritten/insured products within the plan, verify the identity and eligibility of the plan member, spouse or eligible dependent(s), adjust and pay eligible claims, audit plan expenditures, and prepare reports. I understand this information will only be provided to those insurers/intermediaries contracted by HealthSource Plus to provide services within the plan. I declare I have obtained the Consent of this Employee (and the consent of the spouse or partner where applicable) to provide this information to HealthSource Plus.

**Name** **Signature** **Date** **CO/YY/YY**

**ABOUT YOUR PRIVACY:** At HealthSource Plus, we recognize and respect the importance of privacy. Any information you provide us will be kept in a group life and health benefits file. This file is subject to personal information to authorized staff or persons authorized by HealthSource Plus who require it to perform their duties, to persons you have granted access, and to persons authorized by law. We use the information you provide us for the administration, eligibility and adjudication of your benefits under your plan.

HSP FORM 07.2015