



HR MEMORANDUM

RE: Application for Substitute Teacher

Please be advised that you will be considered to be placed on our Substitute Teacher List for Grande Yellowhead Public School Division No. 77 pending receipt of the **required** documents noted:

- a Child Welfare Record Check
- a Criminal Record Check Certificate
- a Copy of your valid Alberta Teaching Certificate (from Alberta Education, Office of the Registrar)
- a short resume
- completion of the enclosed Substitute Teacher List

Also enclosed in this package you will find:

- a procedure outline
- a payroll memorandum (outlining **required** payroll forms)
- a summary of the Alberta School Employee Benefit Plan for substitute teachers.

Once you have obtained all **required** documents, please submit them by mail or in person to this office.

Procedures defining the expectations and supports for substitute teachers are outlined in Administrative Procedure 440 and are available on our website at www.gypsd.ca.

If you have any questions, please contact:

Michelle Roy,
Executive Secretary – Human Resources
Phone: (780) 723-4471 – extension 140
Email: michroy@gypsd.ca



Procedures for Implementation of Board Policy 16 and Administrative Procedure 400

1. RCMP Criminal Record Check

- go to local RCMP detachment with identification (driver's license)
- a form will be provided to be completed

No Criminal Record

- certificate may take up to a week or more

Criminal Record

- finger prints will be taken at local RCMP detachment
- finger prints will be provided to individual
- envelope provided to apply to Ottawa for certificate (include finger prints)
- 6 to 8 weeks to receive certificate

2. Child Welfare Record Check

- provided by Children's Services office
- two pieces of identification will be required e.g. Driver's License, Alberta Health Care Card or Social Insurance Number Card
- Form will be provided at Children's Service office
- individual must comply with the request for a record check
- record check may take up to 2 weeks

Children's Services Offices

Drayton Valley (780) 621-4021

Grande Cache (780) 827-2245

Edson (780) 723-8325

Hinton (780) 865-8321

Jasper - report to Hinton office (780) 865-8321



SUBSTITUTE TEACHER LIST – 2017-2018

Date: _____ **Name:** _____

Address: _____

Postal Code: _____ **Phone #:** _____

A current copy of your valid Alberta Teaching Certificate is required if not on file.

Bilingual (please specify) _____

Please forward my name to the following school(s) to be included on their substitute teacher list for the 2017/2018 school year:

Jasper (check the box to the *left* of the school(s) you wish your name to be forwarded to)

<input type="checkbox"/> Jasper Elementary	K-6	<input type="checkbox"/> Jasper Jr./Sr. High	7-12
--	-----	--	------

Grande Cache

<input type="checkbox"/> Sheldon Coates Elementary	K-3	<input type="checkbox"/> Summitview	4-8
<input type="checkbox"/> Grande Cache Community High	9-12	<input type="checkbox"/> SonRise Christian Program at Grande Cache Community High	K-8
<input type="checkbox"/> The Learning Connection – Grande Cache	K-12		

Hinton

<input type="checkbox"/> Harry Collinge High (FRIM)	8-12	<input type="checkbox"/> École Mountain View (FRIM)	K-7
<input type="checkbox"/> Crescent V alley	K-7	<input type="checkbox"/> The Learning Connection - Hinton	K-12

Edson

<input type="checkbox"/> Mary Bergeron Elementary	K-5	<input type="checkbox"/> École Pine Grove (FRIM)	6-8
<input type="checkbox"/> École Westhaven (FRIM)	K-5	<input type="checkbox"/> Parkland Composite High (FRIM)	9-12
<input type="checkbox"/> Fulham	K-6	<input type="checkbox"/> The Learning Connection - Edson	K-12

Lobstick

<input type="checkbox"/> Niton Central	K-9	<input type="checkbox"/> Wildwood	K-9
<input type="checkbox"/> Evansview	K-6	<input type="checkbox"/> Grand Trunk High	7-12
<input type="checkbox"/> The Learning Connection – Evansburg	K-12		

Please complete the above and sign acknowledging your consent to allow us to circulate your information to the Principals and Teachers who may require your services.

Dated this ____ day of _____, 20___. Signature: _____

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, s.32(a)(c), s.36, 33(1)(j) and in accordance with the Policies and Regulations of Grande Yellowhead Public School Division No. 77.



Payroll M E M O R A N D U M

TO: New Substitute Teachers

As a new substitute teacher with Grande Yellowhead Public School Division No. 77 we require completion of the following:

- TD1 and TD1AB Income Tax forms
- Banking Information Form
- Statutory Declaration re: Teaching Experience (Sub teaching experience doesn't count)

For salary purposes, the following is also required if you possess more than 4 years of experience:

- submission of a Teacher Qualification Statement (TQS)
for more information please visit the Alberta Teachers' Association website at <https://www.teachers.ab.ca/Pages/Home.aspx>

Please refer to Article V in the Collective Agreement between The Grande Yellowhead Public School Division No. 77 and The Alberta Teachers' Association, available on the GYPSD website at the following link: http://www.gypsd.ca/documents/general/ATA%20Collective%20Agreement%202012%20-%202016_1.pdf

For your information and in accordance with the ATA collective Agreement, substitute teachers are paid sub rate for the first five (5) consecutive days in the same position, however, commencing on the 6th day, subs will be paid at their grid placement. Pursuant to the School Act, a teaching contract will be offered including and extending beyond twenty (20) days in the same position.

For substitute teacher daily rate of pay, please refer to Article VIII in the Collective Agreement between The Grande Yellowhead Public School Division No. 77 and The Alberta Teachers' Association, available on the GYPSD website at the following link: http://www.gypsd.ca/documents/general/ATA%20Collective%20Agreement%202012%20-%202016_1.pdf

The payroll period runs from the first of the month to the end of the month with payday being the tenth of the month following.

If you have any questions, please contact: Jo-Ann Nault
joannaul@gypsd.ca
780-723-4471 (ext 108)



CANADA)
PROVINCE OF ALBERTA) **IN THE MATTER OF TEACHING**
TO WIT:) **EXPERIENCE**

STATUTORY DECLARATION

I, _____ of the _____
of _____, in the Province of Alberta, do solemnly declare that I
did teach school for:

Jurisdiction:	Exact Dates	Full Time Equivalency
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

And I make this solemn declaration conscientiously believing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

DECLARED before me at the)
_____ of _____)
IN THE PROVINCE of)
Alberta this _____ day of)
_____ A.D., 20_____) _____
) _____
) _____
A Commissioner for Oaths in and for)
The Province of Alberta)



Information for Direct Deposit

The information collected on this form is confidential and will be used solely for the purpose to deposit your payroll funds directly into your bank account. We will not release this information for any other purpose.

Name of Account Holder

Last name															First name														

Address
Apt #, Street

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town number															Prov					Postal Code					Phone																		

If you have a **personalized cheque** for your bank account please attach one to this form with "VOID" written on the front

or

attach a Payroll Direct Deposit Instruction form or void cheque available from your online banking website

or

if you **do not** have a personalized cheque or Payroll Direct Deposit instruction form, take this form to where your account is located and have a financial institution officer sign and stamp to verify the above banking information.

Bank Information

Name of Bank

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Number				Bank Number			Account Number																					

Bank Stamp

Financial Institution Officer's signature	Phone Number	Date
---	--------------	------

I acknowledge that Grande Yellowhead Public School Division will make all payroll funds due to me by direct deposit.

Employee's Signature	Phone Number	Date
----------------------	--------------	------



2017 Personal Tax Credits Return

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.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number
<p>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 2017, see "More than one employer or payer at the same time" on page 2. If you are a non-resident, see "Non-residents" on page 2.</p>			11,635
<p>2. Family caregiver amount for infirm children under age 18 – Either parent (but not both), may claim \$2,150 for each infirm child born in 2000 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 dependant" on line 8 may also claim the family caregiver amount for that same child who is under age 18.</p>			
<p>3. Age amount – If you will be 65 or older on December 31, 2017, and your net income for the year from all sources will be \$36,430 or less, enter \$7,225. If your net income for the year will be between \$36,430 and \$84,597 and you want to calculate a partial claim, get Form TD1-WS, <i>Worksheet for the 2017 Personal Tax Credits Return</i>, and fill in the appropriate section.</p>			
<p>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.</p>			
<p>5. Tuition (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified 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.</p>			
<p>6. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, <i>Disability Tax Credit Certificate</i>, enter \$8,113.</p>			
<p>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 \$11,635 (\$13,785 if he or she is infirm) enter the difference between this amount and his or her estimated net income for the year. If his or her net income for the year will be \$11,635 or more (\$13,785 or more if he or she is infirm), you cannot claim this amount.</p>			
<p>8. Amount for an eligible dependant – 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 \$11,635 (\$13,785 if he or she is infirm and you cannot claim the family caregiver amount for children under age 18 for this dependant), enter the difference between this amount and his or her estimated net income. If his or her net income for the year will be \$11,635 or more (\$13,785 or more if he or she is infirm), you cannot claim this amount.</p>			
<p>9. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$16,163 or less, and who is either your or your spouse's or common-law partner's:</p> <ul style="list-style-type: none"> • parent or grandparent (aged 65 or older), enter \$4,732 (\$6,882 if he or she is infirm); or • relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,882. <p>If the dependant's net income for the year will be between \$16,163 and \$20,895 (\$16,163 and \$23,045 if he or she is infirm) and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section.</p>			
<p>10. Amount for infirm dependants age 18 or older – If you support an infirm dependant age 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$6,902 or less, enter \$6,883. You cannot claim an amount for a dependant if you or anyone else has already claimed it on line 8 or 9. If the dependant's net income for the year will be between \$6,902 and \$13,785 and you want to calculate a partial claim, get Form TD1-WS and fill in the appropriate section.</p>			
<p>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.</p>			
<p>12. Amounts transferred from a dependant – If your dependant will not use all of his or her disability amount on his or her income tax return, enter the unused amount. If your or your spouse's 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.</p>			
<p>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.</p>			

Filling out Form TD1Fill 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 dependants 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 credit amounts on another Form TD1 for 2017, you **cannot claim them again**. If your total income from all sources will be **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 2017?

- 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 **1-800-959-8281**.**Provincial or territorial personal tax credits return**

If your claim amount on line 13 is more than \$11,635, 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 this 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 \$11,635), 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 2017, you may be able to claim the child amount on Form TD1SK, *2017 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to fill out Form TD1SK even if you are **only** claiming the basic personal amount on this form.

Deduction for living in a prescribed zoneIf 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 2017, 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 who is claiming this deduction.

\$ Employees living in a prescribed **intermediate** zone can claim 50% of the total of the above amounts.For more information, go to cra.gc.ca/northernresidents.**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 QPP benefits, or old age security pension. By doing 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* to administer tax, 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 debts owed to the Crown. It may be shared or verified 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 the *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 cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

Certification

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

Signature _____

It is a serious offence to make a false return.

Date _____

YYYY/MM/DD

Read page 2 before filling out this form. Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Fill out this form based on the best estimate of your circumstances.

Last name	First name and initial(s)	Date of birth (YYYY/MM/DD)	Employee number
Address	Postal code	For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Alberta and every pensioner residing in Alberta can claim this amount. If you will have more than one employer or payer at the same time in 2017, see "More than one employer or payer at the same time" on page 2.

18,690

2. Age amount – If you will be 65 or older on December 31, 2017, and your net income from all sources will be \$38,772 or less, enter \$5,208. If your net income for the year will be between \$38,772 and \$73,492 and you want to calculate a partial claim, get Form TD1AB-WS, *Worksheet for the 2017 Alberta Personal Tax Credits Return*, and fill in the appropriate section.

3. 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 \$1,439, or your estimated annual pension income, whichever is less.

4. Tuition and education amounts (full time and part time) – If you are a student enrolled at a university, college, or educational institution certified 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 if you have a mental or physical disability and are enrolled part time, enter the total of the tuition fees you will pay, plus \$727 for each month that you will be enrolled. If you are enrolled part time and do not have a mental or physical disability, enter the total of the tuition fees you will pay, plus \$218 for each month that you will be enrolled part time.

5. Disability amount – If you will claim the disability amount on your income tax return by using Form T2201, *Disability Tax Credit Certificate*, enter \$14,417.

6. 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 \$18,690, enter the difference between \$18,690 and his or her estimated net income. If his or her net income for the year will be \$18,690 or more, you cannot claim this amount.

7. Amount for an eligible dependant – If you do not have a spouse or common-law partner and you support a dependant relative who lives with you and whose net income for the year will be less than \$18,690, enter the difference between \$18,690 and his or her estimated net income. If his or her net income for the year will be \$18,690 or more, you cannot claim this amount.

8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$17,202 or less, and who is either your or your spouse's or common-law partner's:

- parent or grandparent (aged 65 or older); or
- relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$10,819.

If the dependant's net income for the year will be between \$17,202 and \$28,021 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

9. Amount for infirm dependants age 18 or older – If you are supporting an infirm dependant aged 18 or older who is your or your spouse's or common-law partner's relative, who lives in Canada, and whose net income for the year will be \$7,147 or less, enter \$10,820. You cannot claim an amount for a dependant you claimed on line 8. If the dependant's net income for the year will be between \$7,147 and \$17,967 and you want to calculate a partial claim, get Form TD1AB-WS and fill in the appropriate section.

10. 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 and education amounts, or disability amount on his or her income tax return, enter the unused amount.

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

12. TOTAL CLAIM AMOUNT – Add lines 1 to 11.
Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

Filling out Form TD1AB

Fill out this form **only** if you are an employee working in Alberta or a pensioner residing in Alberta and any of the following apply:

- 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 dependants has changed); 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 TD1AB, 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 credit amounts on another Form TD1AB for 2017, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another Form TD1AB, **check** this box, enter "0" on line 12 and do not fill in lines 2 to 11.

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 12. Your employer or payer will not deduct tax from your earnings.

Additional tax to be deducted

If you wish to have more tax deducted, fill in "*Additional tax to be deducted*" on the federal 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.

Forms and publications

To get our forms and publications, go to cra.gc.ca/forms or call **1-800-959-5525**.

Personal information is collected under the *Income Tax Act* to administer tax, 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 debts owed to the Crown. It may be shared or verified 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 the *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 cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 120.

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.

STACS - Frequently Asked Questions

What is Benefits for Substitute Teachers and Casual Staff (STACS)?

Benefits for Substitute Teachers and Casual Staff (STACS) is a package of life insurance and health benefits offered to substitute teachers and casual staff on a voluntary basis by the Alberta School Employee Benefit Plan.

You can choose from the following four packages:

Package 1: \$25,000 Life Insurance, \$25,000 Accidental Death and Dismemberment Insurance (AD&D), Extended Health Care (Single)

Package 2: \$25,000 Life Insurance, \$25,000 AD&D, Extended Health Care (Family)

Package 3: \$50,000 Life Insurance, \$50,000 AD&D, Extended Health Care (Single)

Package 4: \$50,000 Life Insurance, \$50,000 AD&D, Extended Health Care (Family)

Plus. . . for an additional premium you can add Dental Care to any of these packages.

Please note: you must take all benefits (Life Insurance/AD&D and Extended Health Care) as a package; you cannot selectively choose benefits. If you choose Dental Care it becomes part of your benefits package.

Who is eligible?

Substitute teachers and casual staff are eligible to participate if they are:

- on an ASEBP participating employer's roster of substitute teachers or in a casual staff pool (participating employer's teacher group must have ASEBP benefits); and
- under age 65, or if still actively at work, under age 70; and
- a resident of Canada; and ineligible for group employment benefits through an ASEBP participating employer or other school jurisdiction; and
- not participating in ASEBP early retirement benefits

Life Insurance/AD&D is for you only (single coverage). For Extended Health Care and Dental Care (if selected) you can choose single or family coverage. If you choose single coverage for Extended Health Care you can only choose single coverage for Dental Care. If you choose family coverage for Extended Health Care you can only choose family coverage for Dental Care. Family coverage allows your spouse/partner and dependent children to participate in these benefits.

What else is it important for me to know about Dental Care coverage?

You can only take Dental Care as an add on to your selected benefits package (i.e. Package 1, 2, 3 or 4 as described above). Once you have chosen Dental Care it becomes part of your benefits package and you can only change your Dental Care coverage status (i.e. single to family or family to single) in combination with your Extended Health Care coverage. You cannot have Dental Care coverage on its own.

If you choose to add Dental Care to your package at a *later* date, you can do so; however dental deductibles will apply. If you add Dental Care to your package at initial enrollment and wish to drop it entirely at a later date you can do so independently of the rest of the package; however dental deductibles will apply if you subsequently wish to reinstate it.

What are dental deductibles?

Dental deductibles may apply to Dental Care coverage for a variety of reasons, many of which are described in this Frequently Asked Questions section. Dental deductibles if applicable are as follows: \$500 per covered person for basic and major services combined. Deductibles remain in place until the deductible is satisfied or 12 months have elapsed from the effective date of coverage, whichever comes first.

How do I enroll?

You must 'self-report' by using the [Declaration of Eligibility to Participate in STACS form](#) or by calling us directly. You need to provide this information within 31 days of being placed on the roster or in the casual pool. If you miss this window you will have to provide medical evidence of good health and if Dental Care coverage is selected, dental deductibles will apply.

When is coverage effective?

If approved, benefits for you (and your dependents where applicable) take effect the first day of the month following the day we receive the completed enrollment.

How long does coverage last?

Once approved, benefits continue unless you voluntarily drop coverage, fail to pay premiums, or are no longer eligible to participate.

What if I become eligible for other benefits?

If you accept a contract position with a school jurisdiction and you are eligible for benefits through that contract (with ASEBP or another benefit carrier) you must let us know within 15 days by completing a [STACS Change Application form](#). Your STACS benefits will be suspended for the duration of the period you are eligible for benefits through that contract.

When you are near the end of your contract, you must complete another [STACS Change Application form](#), and forward it to ASEBP within 15 days of the end of your contract if you wish your benefits to be reinstated. Failure to do so will result in a break in coverage and you will then become a late applicant.

How do I submit changes?

Changes to your enrollment information can be made using the [STACS Change Application form](#) or by contacting ASEBP in writing. Fax and email notification is accepted.

Examples of changes include changing from single to family coverage for Extended Health Care and Dental Care (where applicable), reducing or increasing Life Insurance/AD&D amounts, adding or deleting dependents, changing address information, etc. For more information refer to the STACS General Provisions section of this website, or consult a Benefits Specialist at the number below.

Changes to beneficiary information can be made using the [Appointment of Beneficiary\(ies\) – Life and Accidental Death and Dismemberment Insurance](#) form.

How much does coverage cost?

Premium rates are set annually. Any changes are normally effective September 1 each year. For more information about rates and the most current ones contact ASEBP.

Other questions?

Please consult an [ASEBP Benefit Specialist](#).