



Employee Personal Information and Change Form

New application

Address/name change

Date of Hire: _____

Social Insurance Number: _____

Mr. Mrs. Miss Ms. Professor Dr. Other _____

Male Female

Surname	_____	First Name	_____
Middle Initial	_____		_____
Street	_____	Apt. No.	_____
City	_____	Province	_____
Country	_____	Postal/Zip Code	_____
Home Phone	_____	Current Citizenship	_____
Date of Birth	_____	E-mail	_____
	MM/DD/YYYY		_____

Direct Deposit: Void cheque already on file Void cheque attached

EMERGENCY INFORMATION

Name	_____	Relationship	_____
Home phone	_____	Business phone	_____

Employee Signature Date (MM/DD/YYYY)

Employee Number _____

For office use only: Entered on system _____ by _____



Benefits Enrolment and Change Form

Please complete this form and return it to the Pension & Benefits Office in the Department of Human Resources. Claims can only be processed for a spouse and/or dependants who we have on file.

General Information

If approved, this enrolls me in or continues my coverage for the following plans effective the date the Pension & Benefits Office receives this completed form.

Benefits Effective Date: _____
 Month Day Year

Extended Health Single Family Not Eligible
 Dental Single Family Not Eligible
 Vision Single * Family Not Eligible

* If Family Vision is needed please complete the Family Vision Enrolment and Waiver Form found at http://www.yorku.ca/hr/documents/Vision_Care_Enrolment_Form.pdf. To know the cost of the family vision go to: http://www.yorku.ca/hr/documents/Cost_Sharing_Sheet.pdf

Last Name	First Name	Employee #
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I have read the eligibility definitions on the reverse side of this form and the following people are eligible for benefit coverage under the York University programs in which I am enrolled.

Spouse Details – Proof of Relationship required - See definitions on reverse for further explanation

Last Name	First Name	Birth date (mmddyyyy)	Gender (M/F)	Reason for Change – see below **
Identify if your spouse is enrolled in their own group plan. If yes, indicate single/family coverage				
Extended Health	No <input type="checkbox"/> Yes <input type="checkbox"/>	Single <input type="checkbox"/> Family <input type="checkbox"/>		
Dental	No <input type="checkbox"/> Yes <input type="checkbox"/>	Single <input type="checkbox"/> Family <input type="checkbox"/>		

Child Details – Proof of Relationship required -See definitions on reverse for further explanation

Last Name	First Name	Birth date (mmddyyyy)	Disabled (Y/N)	Gender (M/F)	Reason for Change – see below **

** Indicate reason for change in last column, for example, insert 'A' to add, 'D' to delete, or 'C' to change

I understand it is my responsibility to notify the University of any change to those I wish covered under the plan. The insurer reserves the right to obtain reimbursement from me for any benefits paid due to error, misrepresentation or lack of notification.

Employee Signature

Date

Spouse/dependant(s) will be added effective the date the necessary proof has been received. The following documents will be accepted:

If married:

- Copy of Marriage certificate
- Copy of mail with same address as employee
- Copy of proof of joint bank account
- Signed declaration by both parties that you are in a conjugal relationship for a period of not less than one year

If common law:

- Copy of drivers license with same address as employee
- Copy of mail with same address as employee
- Copy of proof of joint bank account
- Signed declaration by both parties that you are in a conjugal relationship for a period of not less than one year

Children:

- Copy of birth certificate
- Copy of baptismal certificate
- Copy of mail with same address as employee

Definition of Spouse

For the purpose of all benefit programs, a member is entitled to have only one spouse for whom coverage is provided and who shall be the member's legal spouse as set out below:

A legal spouse as defined in the Family Law Act, R.S.O. 1990 is:

"spouse" means either of two persons who,

- 1) are married to each other, or
- 2) have together entered into a marriage that is voidable or void, in good faith on the part of a person relying on this clause to assert any right.

Both Spouses Employed at York University If both you and your spouse are covered (i.e. each have their own coverage as an employee of the University), each spouse is considered to have their own plan when completing the Spouse Details section.

Definition of Dependant Children

A dependant means your unmarried children up to age 21 (or up to age 25 in the case of a full-time student wholly dependant on the member for support). This includes children for whom you are the legal guardian. Dependant includes your spouse's children if your spouse has sole responsibility by decree of divorce for support and maintenance of the child.

The definition of a dependant child is extended to an unmarried child who attains age 21 while covered under the Plan as a dependant and who is incapable of self-sustaining employment by reason of mental or physical disability and is chiefly dependant on the member for support and maintenance. This is subject to the University/Insurer receiving proof from the member of the dependant's incapacity no later than 31 days after the dependant attains the age of 21.

Note: For information purposes, a child's natural/legal parents are responsible for the maintenance of the child. Step-children are eligible as dependants if the child normally resides at the home of the employee and the employee's spouse has sole legal responsibility for such child.

Disabled Child If your child became disabled prior to age 21, please indicate on the enrolment form in the Disabled column.

Co-Ordination of Benefits

Extended Health, Dental and Vision plans make provisions for those situations when an employee and his/her spouse both have plans available to them through their employers. Co-ordination of benefits is a means of dividing responsibility of payment between the two programs involved so that the combined coverage will pay up to 100% of the eligible expenses within the limits of both programs and not to exceed the total expenses incurred. Eligible expenses include all items of care covered in whole or in part by at least one of the programs.

When a patient is covered by two different contracts for benefits, it should be determined which contract carrier is responsible for primary liability for services performed. The protocol for determining the primary carrier which is described here is in compliance with the guidelines established by the Canadian Life and Health Insurance Association (CLHIA).

The basic rules are:

1. When an individual is covered by two plans, as a subscriber and as a spouse or dependant, the plan covering the individual as a subscriber is considered primary.
2. If the patient is a dependant child and both mother and father have a contract covering the child, then the contract of the parent whose birthday is first in the calendar year is considered primary. (For example, if John Doe's birth date is May 1, 1954 and his spouse's birth date is July 1, 1952, John's policy would be considered primary).
3. If the patient is a dependant child of divorced or separated parents, then the order of benefit determination is (a) the parent who holds custody or legal financial responsibility for the child, then (b) the plan of the spouse or parent with custody, and finally (c) the plan of the parent not having custody.
4. If the patient has two policies in his or her name, then the contract in effect for the longest period of time is considered primary.

When submitting claims for co-ordination of benefits, submit first to the primary plan and once payment is received, submit a copy of the explanation of benefits (EOB) from the primary plan to the secondary plan.

If you have questions regarding primary/secondary plans and co-ordination of benefits, please contact your insurance companies directly for assistance in determining the correct order of claims submission.

Authorizations and Declarations

I consent to the information provided in this form being collected, used and disclosed by my employer, York University, for purposes of assessing eligibility for all benefits to which I may be entitled and for plan administration, plan design and cost management activities. For these purposes, I also consent to York University disclosing to and/or obtaining information from its agents and service providers, including, but not limited to, insurers, benefits providers or administrators, benefits consultants and medical professionals.

If applying for benefits for my spouse or dependants, I am authorized to release information concerning those individuals for purposes of determining their eligibility for benefits.

I consent to the premium deductions if any from my pay, according to the provisions of the plan as set out in the plan documents.

I confirm that I have read and understood the contents of this form. I declare that the information provided by me on this form is true and complete. I understand that it is my responsibility to notify York University of any changes to this information and to submit the changes on a form approved by the University for this purpose.



Family Vision Enrolment and Change Form

Please complete this form and return it to the Pension & Benefits Office in the department of Human Resources. Claims cannot be processed for spouses and/or dependants who are not listed.

General Information

If approved, this application enrolls me in the family vision program. **Family vision must begin the first of the month. I understand the premium for family vision will be deducted from my pay.**

Last Name	First Name	Initials	Employee Id#
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I wish to enroll into family vision effective: _____ 01 _____
Month Day Year

Dependant's to be covered under the family vision benefit

Last Name	First Name	Birth date (mmdyyy)	Overage Student (Y/N)	Disabled (Y/N)	Gender (M/F)

Effective _____ 01 _____ I wish to **cancel** my family vision coverage. I understand and accept if I cancel family membership in the Vision Care Plan I can reinstate family coverage only in the event of a change in marital status, or if my spouse's coverage at their place of employment ceases.

I understand it is my responsibility to notify the University of any addition or deletion from those I wish covered under the plan. The insurer reserves the right to obtain reimbursement from me for any benefits paid due to error, misrepresentation or lack of notification.

Employee Signature

Date

Full-Time Employee

Permanent position

If you are at least age 30 when you are hired by the University, your participation in the York University Pension Plan (Plan) is mandatory and you will join the Plan on the first day of the month following your employment.

If you are between the ages of 25 and 30 you may elect to join the Plan on the first day of the month following your first month of employment.

If you are under age 25, you may join the Plan after you have completed 24 months of continuous employment or attained age 25.

If you are employed by the University prior to age 30 and do not join the Plan at that time, your participation is mandatory the first day of the month following your 30th birthday.

- I am in a permanent position and at least 30 (mandatory participation) OR between the ages of 25 and 30 and elect to participate in the Plan. I agree to the provisions of the University's pension plan as set out in the description given me, and hereby apply for membership. I authorize the University to make the required deductions from my earnings, and I appoint the individual (s) named on the enclosed Declaration of Marital Status and Beneficiary Designation form to receive any payment that may fall due after my death in accordance with the plan.
- I am in a permanent position and between the ages of 25 and 30 and I **DO NOT** wish to participate in the Plan. I understand it is my responsibility to contact the Pension & Benefit office if I wish to participate in the Plan prior to age 30.
- I am in a permanent position and under the age of 25 and after 24 months of continuous service or when I attain age 25, whichever comes first, I will become eligible to join the pension plan. I understand it is my responsibility to contact the Pension & Benefits office when I become eligible and wish to participate in the Plan.

Contract position

If you are hired by the University in a Temporary Confidential-Managerial (TCM) contract position for any length of time, you are not eligible to join the Plan.

If you are hired by the University in a contract position for one (1) year or less, you are not eligible to join the Plan. You will be contacted if the term of your contract is extended beyond one (1) year.

If you are at least age 30 when you are hired by the University in a contract position greater than one (1) year, you may elect to join the Plan on the first day of the month following your employment. Participation is mandatory after 24 months of continuous employment.

If you are between the ages of 25 and 30 and in a contract position greater than one (1) year, you may elect to join the Plan on the first day of the month following your employment.

- I am in a TCM contract position OR in a contract position for one (1) year or less.
- I am in a contract position for greater than one (1) year and I **DO NOT** wish to participate in the Plan. I understand it is my responsibility to contact the Pension & Benefit office if I wish to participate in the Plan prior to 24 months of continuous employment
- I am in a contract position for greater than one (1) year and wish to participate in the Plan. I agree to the provisions of the University's pension plan as set out in the description given me, and hereby apply for membership. I authorize the University to make the required deductions from my earnings, and I appoint the individual (s) named on the enclosed Declaration of Marital Status and Beneficiary Designation form to receive any payment that may fall due after my death in accordance with the plan.

Signature

Date

Name (please print)

Employee Number



Declaration of Marital Status and Beneficiary Designation

York University Pension Plan

Registration Number: 0329763

Employee Name

Employee Number

Definition of Eligible Spouse

In the event of your death prior to the commencement of any pension payable, your spouse, defined in the Ontario Pension Benefits Act is the person to whom you are

- (a) married, provided that your are not living separate and apart, **or**
- (b) not married to each other but the member and that person have been together in a conjugal relationship,
 - (i) continuously for a period of not less than three years, or
 - (ii) in a relationship of some permanence, if they are the natural or adoptive parents of a child, both as defined in the *Family Law Act*;

Declaration of Marital Status

As defined in the Ontario Pension Benefits Act and as outlined above, for the purposes of the York University Pension Plan I hereby certify that at the date of this declaration:

I do have a spouse I do not have a spouse

Full Name of Spouse

Spouse's Date of Birth

Note: if you have had a previous Spouse, a divorce or separation agreement could have an impact on the survivor benefit paid.

Member's Signature

Date

Witness Signature

Change in Beneficiary

If your status changes so that you have an eligible spouse, you are advised to complete a new declaration of Marital Status and Beneficiary Designation form. In the event you do not, your eligible spouse will receive death benefits regardless of who is designated as your beneficiary.

If you have designated your eligible spouse as your beneficiary and your marital status changes so that you no longer have an eligible spouse, this person will remain your beneficiary unless a new designation is completed.

If your eligible spouse or designated beneficiary should die and you do not designate a new beneficiary, any death benefits would be paid to your Estate.

PLEASE COMPLETE DESIGNATION ON REVERSE IF YOU HAVE SOMEONE OTHER THAN A SPOUSE AS YOUR BENEFICIARY(IES)

Beneficiary Designation

Note: if you have a spouse as defined on reverse, your Spouse is your sole beneficiary. If you wish to designate another beneficiary, other than your spouse, in whole or in part, you and your spouse must complete a Waiver of Pre-retirement Death Benefit. This form can be requested from the Pension and Benefits Office.

If you have no Spouse, you may designate your estate or any other person(s) as beneficiary.

For all purposes of the Pension Plan, I do hereby designate the following beneficiary(ies):

Name in Full	Date of Birth*	Relationship	% Share
<hr/>			
<hr/>			
<hr/>			<hr/> <u>100%</u>

*If beneficiary under the age of 18 complete the Appointing Trustee section below

I hereby revoke any prior beneficiary designation made for the purposes of the Plan and appoint the person(s) named above as my designated beneficiary to receive any death benefits that may be payable to a beneficiary in accordance with the terms of the Plan. I reserve the right to change this designation, subject to the provisions of any law or regulation, which may apply. However, I understand that the above beneficiary designation(s) shall remain legally valid and shall continue to be effective in the event of my death, unless and until such time as I inform the University of any change by executing a new beneficiary designation form. If my designated beneficiary predeceases me and no other beneficiary has been designated to replace the designated beneficiary that predeceased me, and proceeds that would have been payable to such beneficiary will be paid to my estate.

I fully understand that the University and the pension fund hereby rely on the accuracy of my certification above to determine the form and amount of the pension benefits to which I, my spouse or beneficiary, as applicable, will be entitled. I hereby relieve the University and the pension fund of any liability whatsoever should incorrect payments be made as a result of any misrepresentation in this declaration.

Member's Signature Date Witness Signature

Appointing Trustee for Beneficiary under 18

I hereby appoint _____ as a trustee to receive the money payable to any beneficiary designated who is not the age of majority (18 years) and unable to give a legal discharge on the date of payment and I hereby authorize the said trustee in his or her sole discretion to pay to or for the benefit, any amount of the said payment, for the maintenance and education of such beneficiary.

Member's Signature Date Witness Signature



Enrolment and Beneficiary Designation York University Group Life Insurance and Voluntary Accidental Death & Dismemberment Insurance

Employee Name _____

Employee Number _____

Instructions

- Mail the completed form to the Pension & Benefits office. Ensure you have signed and dated the form, and kept a copy for your records.
- Future changes to beneficiary(ies) must be made in writing and signed by you.
- A beneficiary is the person who will receive the payment from your life or accident insurance when you die. All employees must provide beneficiary elections for Group Life Insurance and the Voluntary Accidental Death & Dismemberment (VADD) Insurance. If you do not appoint a beneficiary, your estate becomes your beneficiary.
- If you have more than four beneficiaries, attach a separate sheet listing the additional beneficiaries.
- If you have any questions please contact the Pension & Benefits office.
- If you have had a previous Spouse, a divorce or separation agreement could have an impact on the survivor benefit paid.

Group Life Insurance

Eligible: Yes No

Beneficiary(ies) Name(s) in Full	Date of Birth*	Relationship	% Share
			100%

VADD Insurance

Coverage: Waived Single Family Amount: _____

Beneficiary(ies) Name(s) in Full	Date of Birth*	Relationship	% Share
			100%

*If beneficiary under the age of 18 complete the Appointing Trustee form

Beneficiary Designation

I hereby revoke any prior beneficiary designation made for the purposes of the Group Insurance Plan and VADD Insurance, if applicable, and appoint the person(s) named above as my designated beneficiary to receive any death benefits that may be payable to a beneficiary in accordance with the terms of the Plan(s). I reserve the right to change this designation, subject to the provisions of any law or regulation, which may apply. However, I understand that the above beneficiary designation(s) shall remain legally valid and shall continue to be effective in the event of my death, unless and until such time as I inform the University of any change by executing a new beneficiary designation form. If my designated beneficiary predeceases me and no other beneficiary has been designated to replace the designated beneficiary that predeceased me, and proceeds that would have been payable to such beneficiary will be paid to my estate.

I fully understand that the University and the pension fund hereby rely on the accuracy of my certification above to determine the form and amount of the pension benefits to which I, my spouse or beneficiary, as applicable, will be entitled. I hereby relieve the University and the pension fund of any liability whatsoever should incorrect payments be made as a result of any misrepresentation in this declaration.

Member's Signature _____

Date _____

Witness Signature _____

Appointing Trustee for Group Life Insurance Beneficiary under 18

If you wish to name minor children under 18 as beneficiaries, you should consider appointing a trustee to receive the insurance proceeds for them. You can do this by completing this form or through your will.

You should ensure that any declaration of trust is coordinated with any arrangements you have made for your children (or minor beneficiaries) in your will.

I declare that the proceeds of the Plan shall be paid to _____ (the Trustee(s)) in trust for the benefit of the Minor Beneficiary(ies), as outline on the reverse side of this form, if the Trustee(s) survive me, but if the Trustee(s) should predecease me or should fail or be unwilling to act as trustee(s), then the proceeds should be paid to the Administrator(s) of my estate.

Payments made to the Insurance Trustee(s) will release Sun Life Financial Inc. of any further liability to the Minor Beneficiary(ies) under the Plan.

I reserve the right to revoke or change this designation of trustee appointment at any time.

Name	Address	Telephone Number	Relationship to Plan Member

Signed at _____ this _____ day of _____

Signature of Plan Member (Employee)

Appointing Trustee for VADD Insurance Beneficiary under 18

If you wish to name minor children under 18 as beneficiaries, you should consider appointing a trustee to receive the insurance proceeds for them. You can do this by completing this form or through your will.

You should ensure that any declaration of trust is coordinated with any arrangements you have made for your children (or minor beneficiaries) in your will.

I declare that the proceeds of the Plan shall be paid to _____ (the Trustee(s)) in trust for the benefit of the Minor Beneficiary(ies), as outline on the reverse side of this form, if the Trustee(s) survive me, but if the Trustee(s) should predecease me or should fail or be unwilling to act as trustee(s), then the proceeds should be paid to the Administrator(s) of my estate.

Payments made to the Insurance Trustee(s) will release Chubb Insurance Company of Canada of any further liability to the Minor Beneficiary(ies) under the Plan.

I reserve the right to revoke or change this designation of trustee appointment at any time.

Name	Address	Telephone Number	Relationship to Plan Member

Signed at _____ this _____ day of _____

Signature of Plan Member (Employee)

Your employer or payer will use this form to determine the amount of your provincial tax deductions.

Read the back before completing this form. Complete 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 including postal code		For non-residents only – Country of permanent residence	Social insurance number

1. Basic personal amount – Every person employed in Ontario and every pensioner residing in Ontario can claim this amount. If you will have more than one employer or payer at the same time in 2013, see "Will you have more than one employer or payer at the same time?" on the next page.

9,574

2. Age amount – If you will be 65 or older on December 31, 2013, and your net income from all sources will be \$34,798, or less, enter \$4,674. If your net income for the year will be between \$34,798 and \$65,958 and you want to calculate a partial claim, get the TD1ON-WS, *Worksheet for the 2013 Ontario Personal Tax Credits Return*, and complete 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 \$1,324, 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 Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete 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 \$515 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 \$154 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 \$7,735.

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 \$813 or less, enter \$8,129. If his or her net income for the year will be between \$813 and \$8,942 and you want to calculate a partial claim, get the TD1ON-WS, and complete the appropriate section.

7. 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 \$813 or less, enter \$8,129. If his or her net income for the year will be between \$813 and \$8,942 and you want to calculate a partial claim, get the TD1ON-WS, and complete the appropriate section.

8. Caregiver amount – If you are taking care of a dependant who lives with you, whose net income for the year will be \$15,438 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 \$4,513.

If the dependant's net income for the year will be between \$15,438 and \$19,951 and you want to calculate a partial claim, get the TD1ON-WS, and complete 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 \$6,414 or less, enter \$4,513. 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 \$6,414 and \$10,927 and you want to calculate a partial claim, get the TD1ON-WS, and complete 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 through 11.

Your employer or payer will use your claim amount to determine the amount of your provincial tax deductions.

Continue on the next page ➔

Completing Form TD1ON

Complete this form **only** if you are an employee working in Ontario or a pensioner residing in Ontario 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 (such as when the number of your eligible dependants has changed);
- 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 complete a TD1ON form, your new employer or payer will deduct taxes after allowing the basic personal amount **only**.

Will you have 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 TD1ON for 2013, 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 TD1ON, enter "0" on line 12 on the front page and do not complete 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, complete the section called "Additional tax to be deducted" on the federal Form TD1.

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, 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 forms and publications go to www.cra.gc.ca/forms or call 1-800-959-2221.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

Date _____

It is a serious offence to make a false return.



Your employer or payer will use this form to determine the amount of your tax deductions.

Read the back before completing this form. Complete 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 including 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 2013, see "More than one employer or payer at the same time" on the next page. If you are a non-resident, see "Non-residents" on the next page.</p>	11,038
<p>2. Child amount – Either parent (but not both), may claim \$2,234 for each child born in 1996 or later, that resides with both parents throughout the year. If the child is infirm, add \$2,040 to the claim for that child. Any unused portion can be transferred to that parent's spouse or common-law partner. 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 child amount for that same child.</p>	
<p>3. Age amount – If you will be 65 or older on December 31, 2013, and your net income for the year from all sources will be \$34,562 or less, enter \$6,854. If your net income for the year will be between \$34,562 and \$80,256 and you want to calculate a partial claim, get the TD1-WS, <i>Worksheet for the 2013 Personal Tax Credits Return</i>, and complete 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, education, and textbook amounts (full time and part time) – If you are a student enrolled at a university or college, or an educational institution certified by Human Resources and Skills Development Canada, and you will pay more than \$100 per institution in tuition fees, complete 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 \$400 for each month that you will be enrolled, plus \$65 per month for textbooks. 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 \$120 for each month that you will be enrolled part time, plus \$20 per month for textbooks.</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 \$7,697.</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 \$11,038 (\$13,078 if he or she is infirm) enter the difference between this amount and his or her estimated net income for the year. If your spouse's or common-law partner's net income for the year will be \$11,038 or more (\$13,078 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 \$11,038 (\$13,078 if he or she is infirm and you did not claim the child amount for this dependant), enter the difference between this amount and his or her estimated net income. If your eligible dependant's net income for the year will be \$11,038 or more (\$13,078 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 \$15,334 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 \$4,490 (\$6,530 if he or she is infirm); or relative (aged 18 or older) who is dependent on you because of an infirmity, enter \$6,530. <p>If the dependant's net income for the year will be between \$15,334 and \$19,824 (\$15,334 and \$21,864 if he or she is infirm) and you want to calculate a partial claim, get the TD1-WS, and complete 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 \$6,548 or less, enter \$6,530. You cannot claim an amount for a dependant you claimed on line 9. If the dependant's net income for the year will be between \$6,548 and \$13,078 and you want to calculate a partial claim, get the TD1-WS, and complete 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, education and textbook amounts, disability amount or child 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, education, and textbook amounts on his or her income tax return, enter the unused amount.</p>	
<p>13. TOTAL CLAIM AMOUNT – Add lines 1 through 12. Your employer or payer will use this amount to determine the amount of your tax deductions.</p>	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>

Continue on the next page ➔

Completing Form TD1

Complete 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 (such as when 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 complete a TD1 form, your new 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 TD1 form for 2013, you **cannot claim them again**. If your total income from all sources will be **more** than the personal tax credits you claimed on another TD1 form, **check** this box, enter "0" on line 13 on the front page and do not complete 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

Are you a non-resident of Canada who will include 90% or more of your world income when determining your taxable income earned in Canada in 2013? If you are unsure of your residency status, call the International Tax Services Office at **1-800-267-5177**.

- If **yes**, complete the previous page.
• If **no**, **check** the box, enter "0" on line 13 and do not complete lines 2 to 12, as you are not entitled to the personal tax credits.

Provincial or territorial personal tax credits return

If your claim amount on line 13 is more than \$11,038, you also have to complete a provincial or territorial personal tax credit return. If you are an employee, use the TD1 form for your province or territory of employment. If you are a pensioner, use the TD1 form for your province or territory of residence. Your employer or payer will use both this federal form and your most recent provincial or territorial TD1 form to determine the amount of your tax deductions.

If you are claiming the basic personal amount **only** (your claim amount on line 13 is \$11,038), 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 2013, you may be able to claim the child amount on Form TD1SK, *2013 Saskatchewan Personal Tax Credits Return*. Therefore, you may want to complete Form TD1SK even if 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 2013, you can claim:

- \$8.25 for each day that you live in the prescribed northern zone; or
- \$16.50 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, get Form T2222, *Northern Residents Deductions*, and the Publication T4039, *Northern Residents Deductions – Places in Prescribed Zones*.

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, complete a new Form TD1.

\$

Reduction in tax deductions

You can ask to have less tax deducted if on your income tax return 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, and charitable donations). To make this request, complete Form T1213, *Request to Reduce Tax Deductions at Source for Year(s)* _____, 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.

Certification

I certify that the information given in this return is, to the best of my knowledge, correct and complete.

Signature _____

It is a serious offence to make a false return.

Date _____



Declaration of Conjugal Relationship Form Pension and Benefits Office

Complete this form and return it to the Pension and Benefits Office in the Department of Human Resources.

Effective Date: _____
Month Day Year

Employee Information

Last Name	First Name	Initials	Employee ID number
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Spouse Information

Last Name	First Name	Initials	Birth date (mmddyyyy)
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We certify we have been in a conjugal relationship for a period of not less than one year.

I, the employee, understand it is my responsibility to notify the University of any change to the above.

Employee Signature

Date (Month Day Year)

Spouse Signature

Date (Month Day Year)

Witness Signature*

Date (Month Day Year)

*** This form is VOID if submitted without the signature of a witness aged 18 or over.**

Questions

If you have questions or require further clarification please contact the Pension & Benefits office at 416-736-2100 extension 27572 or e-mail askpb@yorku.ca



Office of the President

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CANADA M3J 1P3
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Message from the President – Employment Equity Self-Identification Survey

Congratulations and welcome to York University!

As part of York's commitment to employment equity, we ask that all faculty and staff participate in the attached [Self-Identification Survey](#) in order to ensure that York's representation statistics are up-to-date. Please take a few moments of your time to complete this short survey.

Identifying yourself as a member of a designated group in the survey is voluntary; however, we ask that you submit this survey even if you choose not to self-identify, by completing section F, "I choose not to complete the Self-Identification Survey at this time". Your survey information is kept confidential and is only reported in aggregate form for employment equity purposes.

Your participation is important. Having an up-to-date picture of our workforce representation will allow us to identify where under-representation exists, and to target our efforts towards removing barriers that may exist in our recruitment, hiring, training, retention and promotion practices.

York is also a participant in the Federal Contractors Program (FCP). The FCP applies to provincially regulated employers with a national workforce in Canada of 100 or more employees, and who receive federal government goods or services contracts of \$200,000 or more. As a condition for bidding on large federal contracts, such contractors are required to certify in writing their commitment to employment equity and to comply with the criterion and guidelines of the FCP, which are based on the Employment Equity Act. Specifically, FCP employers are required to work towards closing any identified significant gaps in representation in the following four designated groups: women, Aboriginal peoples, persons with disabilities and members of visible minorities. If you are a person with a disability and wish to discuss workplace accommodation please contact the Employee Well Being Office on the York University intranet site <http://www.yorku.ca/hr/units/employeerelations/ewb.html>

Please take a few minutes to complete this confidential survey.

If you have questions about employment equity or about the Self-Identification Survey, please see the [Frequently Asked Questions](#), the [Employment Equity website](#), or contact the Employment Equity Officer at equity@yorku.ca or (416) 736-2100 x20848.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Shoukri".

Mamdouh Shoukri
President and Vice-Chancellor



Employment Equity Self-Identification Survey

[Confidential when completed. No manager will see your responses and the survey will not be part of your employee file.]

Employee Number:

Date:

York University is a participant of the *Federal Contractors Program* ("FCP"). In order to satisfy the *FCP* requirement to collect workforce information, we ask that you complete the Self-Identification Survey below. In accordance with the *FCP* and *Employment Equity Act*, identifying yourself as a member of a designated group in this survey is voluntary. However, we ask that you return this survey even if you choose not to self-identify, by completing section F.

The aggregated information from this survey will allow York University to compare its internal workforce representation to that of the external workforce, as well as to track York University's progress towards achieving its employment equity goals over time.

You may update your Self-Identification Survey at any time. You may self-identify under more than one of the designated groups. Definitions of the designated groups are provided below. The information collected is confidential and will be used on an aggregated basis for employment equity purposes only.

More information can be found in the [Frequently Asked Questions](#) (FAQs) section of the Employment Equity internet site.

A. Members of visible minorities are persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour, regardless of birthplace.

Based on this definition, are you a member of a visible minority group? Yes No

B. Persons with disabilities are those that have a long-term or recurring physical, mental, sensory, psychiatric or learning impairment and who:

- a) consider themselves to be disadvantaged in employment by reason of that impairment, **or**
- b) believe that an employer or potential employer is likely to consider them to be disadvantaged in employment by reason of that impairment. This also includes persons whose functional limitations owing to their impairment have been accommodated in their current job or workplace.

Based on this definition, are you a person with a disability? Yes No

C. An Aboriginal person is a North American Indian, Métis, or Inuit and/or a Treaty Indian or a Registered Indian and/or member of an Indian Band/First Nation.

Based on this definition, are you an Aboriginal person? Yes No

D. Under the *Employment Equity Act*, women are a designated group.

Do you identify yourself as a **woman**? Yes No

E. If under representation in certain designated groups is found, we will conduct focus group sessions to gain more information about potential barriers to employment. This will assist us in creating a work environment where every employee feels valued, respected and supported in achieving their career goals.

May the Employment Equity Officer contact you to participate in focus groups? Yes No

F. I choose not to complete the Self-Identification Survey at this time.

Returning the Survey

Thank you for completing the Employment Equity Self Identification Survey. Please place the completed survey and seal it in the enclosed pre-addressed envelope and deposit it into on-campus mail to the Employment Equity Officer. East Office Building.