

Welcome back!

We are excited to offer a return of the summer benefit program for the 2024/2025 school year. This program is aimed at those employees who are scheduled to work 10 months of the year and would otherwise lose their benefits over the summer months of July and August 2025.

How it works:

The program works through payroll deductions that are withheld with each monthly pay. The amount withheld is dependent upon your yearly salary for Life, AD&D, and EDB; and is based on a premium rate for EHC, Dental, and Vision. The summer benefit monthly cost will be different for each person depending on their salary and the number of months the deduction will be in place. At the end of the school year, a review will be completed to determine the remainder due to cover the cost of two months' worth of benefits.

Monthly Cost of Benefit Premiums 2024/2025

	SINGLE	FAMILY
Life Insurance (LIFE) Accidental Death & Dismemberment (AD&D)	\$0.124 per \$1,000 of coverage	
Extended Disability Benefits (EDB)	1.96% of monthly earnings	
Extended Health Care (EHC)	\$140.18	\$337.28
Dental Care (Dental)	\$ 69.30	\$188.55
Vision Care (Vision)	\$ 10.80	\$ 26.55

Summer Benefit Total Premium Cost

	SINGLE	FAMILY
LIFE and AD&D	Determined from Yearly Salary	
EDB	Determined from Yearly Salary	
EHC	\$280.36	\$674.56
Dental	\$138.60	\$377.10
Vision	\$ 21.60	\$ 53.10

Summer Benefit Monthly Cost (Total Divided by 10 Months – Sep to Jun)

	SINGLE	FAMILY
LIFE and AD&D	Determined from Yearly Salary	
EDB	Determined from Yearly Salary	
EHC	\$28.04	\$67.46
Dental	\$13.86	\$37.71
Vision	\$ 2.16	\$ 5.31

If you are interested in participating in the summer benefit program, please complete the payroll permission form on the next page and **return** it to payroll@gypsd.ca.

Grande Yellowhead Public School Division

Summer Benefit Program Registration 2024/2025

Employee Name: _____ Employee Number: _____

I hereby consent to have ASEBP Benefit Premiums deducted from my pay throughout the 2024/2025 school year. The amount withheld will be used to continue benefits through July and August 2025 and will total the following:

Summer Benefit Total Premium Cost

	SINGLE	FAMILY
LIFE and AD&D	Determined from Yearly Salary X 2 months premiums	
EDB	Determined from Yearly Salary X 2 months premiums	
EHC	\$280.36	\$674.56
Dental	\$138.60	\$377.10
Vision	\$ 21.60	\$ 53.10

If my employment with Grande Yellowhead Public School Division began **after** September 1, 2024, I understand that the deduction schedule will be prorated over the remaining months in the school year. For example: for those recalled after September 1, 2024, the Summer Benefit Total Premium Cost will be divided by the remaining months in the school year.

Signature: _____ Date: _____

YYYY/MM/DD

Note: If at any point in the school year your employment is terminated, your summer benefit contributions will be returned to you.

