

# Benefits continuance regarding maternity / parental leave

(To be completed before the start date of your leave)

Plan member name: \_\_\_\_\_

Leave start date: \_\_\_\_\_

Planned return to work date: \_\_\_\_\_

I acknowledge that I have the option to continue coverage through my group benefits plan while on maternity / parental leave.

I'm aware that:

- In order to continue my coverage, I must commit for the duration of my maternity / parental leave (up to the maximum time allotment)
- I'm responsible for continuing payment of my portion of the premiums to my employer during that time. If I don't provide premium payment to my employer, my coverage will be terminated. If my coverage is terminated, it can't be reinstated until I return to work
- If I choose to discontinue my coverage, it can't be reinstated part way through a leave, it will be only be reinstated when I return to work. Should my leave extend past one year, I will have to reapply as a new employee when I return to work
- If I choose to discontinue my coverage and then reinstate it upon my return, the long-term disability benefit may be subject to the pre-existing condition clause as defined in my plan

Based on the above, I choose to:

- ☐ continue my coverage (and will make arrangements to provide my share of the premium)
- ☐ discontinue my coverage

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness signature: \_\_\_\_\_