Please return completed form to your District Benefits Administrator.

Public Education PEBT BENEFITS TRUST
Your benefits, your health

Notice of Leave

Employee Information

Plan Member/Employee's Last Name	First Name	Initial

District #:

Claims ID #:

Leave of Absence from: _____ to: _____

(yyyy/mm/dd) (yyyy/mm/dd)

Reason for Leave: _____

Do you plan to leave the province during your leave? ❑ No ❑ Yes from:_____ to:_____

If Yes, Destination: _____ (yyyy/mm/dd) (yyyy/mm/dd)

Use back of form if information about destination and dates do not fit in space provided. If yes, please note that your Provincial Health plan must approve continuation of coverage for a leave of absence outside of the province exceeding 6 months. Coverage for Extended Health ceases the day you are no longer covered under your Provincial Health plan.

Please indicate the benefits to be continued during your leave of absence and the current level of coverage:

Current level of coverage

- ❑ Basic Life Insurance _____
- ❑ Optional Life Insurance (if applicable) □ Employee: _____ □ Spouse: _____ □ Child: _____
- ❑ Basic Accident Insurance (if applicable) _____
- ❑ Optional Accident Insurance (if applicable) _____
- ❑ Extended Health (please circle): Single Couple Family
- ❑ Dental Care (please circle): Single Couple Family
- ❑ Short Term Disability (if applicable) _____
- ❑ Long Term Disability _____

Please note that long term disability (LTD) can be continued through Maternity, Parental and EI Compassionate leave as well as for an employee who is seconded, elected, on paid leave of absence, appointed to Union positions or is elected/appointed to public office. LTD cannot be continued for any other unpaid leave of absence over 31 days. Following an unpaid leave of absence of more than 31 days, your LTD coverage will be reinstated only after you return to work, and complete the waiting period of 3 consecutive months of active employment.

Benefits will continue through Maternity Leave, Parental Leave and EI Compassionate Care Leave. However, should you not wish to continue to pay your share of premium contribution for benefits during these leave of absences, your District is not required to pay your portion of the premium and continue coverage on your behalf. Please check with your Benefits Administrator regarding continuation of coverage policies specific to your District in these circumstances. For any benefits shown above that you have chosen not to continue, you are waiving your rights to these benefits until you return from your leave of absence. If you are eligible to continue the Other LTD (top up to the Core LTD) coverage but choose not to, any disability that occurs during your leave of absence will not be covered by the PEBT Other LTD Program.

Please note that cost sharing arrangements may be different while on a leave of absence for leaves other than Maternity, Parental and EI Compassionate leave. Please check with your District Benefits Administrator for cost sharing information.

Your District Benefits Administrator will inform you how long coverage for each benefit will be continued while you are on a leave of absence.

I certify that I understand the above and have been informed by the District's Benefits Administrator of the coverage available to me during my leave of absence.

Plan Member/Employee Signature: _____ Date Signed: _____

Benefits Administrator: If the leave is over one year or subsequently extended beyond one year (or over 18 months for maternity/parental/EI Compassionate care leave), email this form to enrollment@pac.bluecross.ca at PBC for benefits continuation approval.