



Where ideas work

Option to Continue Employee Benefits While on a Leave Without Pay to Volunteer for CUSO Projects

INSTRUCTIONS:

- To maintain Employee Basic Life Insurance and Optional Insurance coverage while on this leave without pay, you must apply by completing this form and paying the required premiums in advance.
- Send completed form to the Benefits Service Centre via:
AskMyHR Online Service Request: www.gov.bc.ca/myhr/contact - Select My Team/Organization > Benefits > Submit a Health Benefit Form/Application
Fax: 604-320-4031
Mail: Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5
- Please retain a copy for your records.
- For more information or forms, please visit MyHR at www.gov.bc.ca/MyHR or call (toll free) 1 877-277-0772 or in Victoria or Vancouver 250-952-6000.

Freedom of Information and Protection of Privacy Act (FOIPPA) This information is collected by the British Columbia Public Service under s. 26(c) of FOIPPA. Any questions about the collection and the use of this information can be directed to an HR Service Representative at the BC Public Service Agency by submitting a request to AskMyHR and selecting My Team/Organization > Employee & Labour Relations > Other Issues & Inquiries, phoning: 1-877-277-0772 or writing to: Manager, Contact Centre Operations, BC Public Service Agency, 810 Blanshard Street, Victoria, BC V8W 2H2.

EMPLOYEE INFORMATION			
LAST NAME	FIRST NAME	EMPLOYEE ID	DEPT ID (MIN - PAYLIST) -
MINISTRY NAME			CANADA LIFE ID
EMPLOYEE CLASS		APPOINTMENT STATUS	
<input type="checkbox"/> BCGEU	<input type="checkbox"/> PEA	<input type="checkbox"/> NURSES	<input type="checkbox"/> OIC
<input type="checkbox"/> EXCL MGR	<input type="checkbox"/> SCHEDULE A	<input type="checkbox"/> SAL. PHYSICIANS	<input type="checkbox"/> OTHER:
		<input type="checkbox"/> REGULAR	FULL TIME
		<input type="checkbox"/> AUXILIARY (With Benefits)	PART TIME
HOME ADDRESS			
CITY/PROVINCE		POSTAL CODE	TELEPHONE NO. ()
PERIOD OF LEAVE OF ABSENCE WITHOUT PAY	FROM YYYY / MM / DD	TO YYYY / MM / DD	

CONTINUATION OF BENEFIT PLANS

There are benefit plans that will continue to be paid on your behalf by the employer based on the same employer/employee contribution rates as when you were employed. Any benefits that are employee paid, full payment or monthly postdated cheques must be received within 30 days of the beginning of your leave.

- Extended Health and Dental Plan** – Employer pays 100% of the premium, except under the Flexible Benefits Program, where the employer will pay up to the fully funded options, and you will be billed for the difference if you've chosen higher options. This is a non-taxable benefit.
- Long Term Disability** – Employer pays 100% of the premium.
- Employee Basic Life Insurance** – The cost of this benefit is paid by both the employee and the employer. You may choose to continue your coverage and be billed for your portion of the cost.
I wish to continue Employee Basic Life Insurance **Yes** **No**
- Optional Insurance Coverage**- Employee pays 100% of the premium. You may choose to maintain your coverage.
I wish to maintain Optional Family Funeral Benefit **Yes** **No** **I wish to continue Optional Employee AD&D Insurance** **Yes** **No**
I wish to maintain Optional Employee Life Insurance **Yes** **No** **I wish to continue Optional Spouse AD&D Insurance** **Yes** **No**
I wish to maintain Optional Spouse Life Insurance **Yes** **No** **I wish to continue Optional Child AD&D Insurance** **Yes** **No**
I wish to continue Optional Child Life Insurance **Yes** **No**
- Health and Well-Being Services** - Employer will continue to provide this assistance to your family if they remain in BC.
- RE-ENROLMENT FOR BENEFITS COVERAGE UPON RETURN TO WORK**
If your benefits were not maintained or you did not pay the premiums to maintain your benefits, you are responsible for reinstating your benefits coverage upon returning to work from an approved leave of absence. Please visit the Benefits while on leave or layoff page (link below) under the section called "Re-enrolment for benefits coverage upon return to work," for instructions on how to reinstate your benefits. Refer to the heading that applies to your situation. Your benefits plans will be reinstated on the appropriate date pending the required notification or receipt of your application, and in accordance with applicable benefits policy.
Link: <https://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/pay-benefits/benefits/benefits-leave>
- Pension** – A period of absence without salary does NOT count as pensionable service under the provisions of the Public Service Pension Plan. Upon return to work, you may apply to purchase this service and pay the cost directly to the BC Pension Corporation. The employer will reimburse the employer portion of the cost upon proof of payment to the BC Pension Corporation. For more information, please visit the Purchase of Service page on MyHR at www2.gov.bc.ca/gov/content/careers-myhr/all-employees/pay-benefits/benefits/pension/purchase-service.

EMPLOYEE CERTIFICATION

- I understand I must return to work in the BC Public Service for one year for each year I am on a leave without pay to volunteer for the CUSO projects.
- I agree that if I fail to return to work and remain in the employ of the employer for the period equivalent to my leave, I owe the employer the cost of the benefits continued on my behalf on a pro-rated basis.
- I authorize the full recovery of any employer paid benefits amounts owed by me including the cost of recovery from any source.

EMPLOYEE SIGNATURE	DATE SIGNED YYYY / MM / DD
X	