

OPTION TO CONTINUE EMPLOYEE BENEFITS WHILE ON LEAVE OF ABSENCE WITHOUT PAY OR LAYOFF

INSTRUCTIONS:

- Complete this form and fax, mail or email (AskMyHR Online Service Request) to the **Benefits Service Centre** at:
Fax: 604-320-4031 **Email:** www.gov.bc.ca/myhr/contact
Mail: Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5
- Please retain a copy for your records.
- Additional information and forms are available online at: www.gov.bc.ca/myhr or call the Benefits Service Centre toll-free at 1 877 277-0772 or in Vancouver or Victoria at 250-952-6000.

Freedom of Information and Protection of Privacy Act (FOIPPA) – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the FOIPPA Section 26(c). Questions about the use and collection of this information can be directed to the Privacy Officer at 250 544-5594, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

PLEASE TYPE OR PRINT CLEARLY

EMPLOYEE INFORMATION				
LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE ID	DEPT ID
MINISTRY NAME				
EMPLOYEE CLASS			APPOINTMENT STATUS	
<input type="checkbox"/> BCGEU	<input type="checkbox"/> PEA	<input type="checkbox"/> NURSES	<input type="checkbox"/> OIC	<input type="checkbox"/> REGULAR
<input type="checkbox"/> MGMT. EXCL.	<input type="checkbox"/> SCHEDULE A	<input type="checkbox"/> SAL. PHYSICIANS	<input type="checkbox"/> OTHER:	<input type="checkbox"/> FULL TIME
			<input type="checkbox"/> AUXILIARY (With Benefits)	<input type="checkbox"/> PART TIME
HOME ADDRESS				
CITY/PROVINCE			POSTAL CODE	TELEPHONE NO. ()
PERIOD OF LEAVE OF ABSENCE WITHOUT PAY	<i>FROM</i> YYYY / MM / DD	<i>TO</i> YYYY / MM / DD	TYPE OF LEAVE (I.E. EDUCATION; OR INDICATE IF LAYOFF)	IF LAYOFF - LAST DAY ON PAY YYYY / MM / DD

OPTION TO CONTINUE EMPLOYEE BENEFITS (Including suspension and WCB direct payments)

During an approved leave of absence without pay or layoff of ONE CALENDAR MONTH OR MORE, an employee may choose to maintain coverage for any of the benefit plans listed below. Coverage may be maintained up to a limit of 6 months for layoff of BCGEU employees and up to a limit of 3 months for layoff of PEA employees, 12 months for deferred salary leave, and up to 24 months for other approved leaves (some limitations apply). Coverage continuation shall not exceed 24 months for the combined length of any or all leaves (including Maternity, Pre-placement Adoption and/or Parental leaves). Employee is responsible for the full premium cost for any benefits they opt to continue. Full payment or monthly post dated cheques must be received within 30 days of commencement of leave in order to process this application. If payment is not received within 30 days of commencement of leave, there is no further option to continue benefit coverage.

DO NOT SEND PAYMENTS UNTIL BILLED.

TYPE OF BENEFIT	I wish to maintain coverage YES (✓) NO	PROVIDE REQUIRED INFORMATION
Long Term Disability Plan (applies to regular employees)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
STANDARD BENEFITS PROGRAM: (applies to eligible BCGEU, PEA, Nurses, and other employees not eligible for the Flexible Benefits Program)		
Extended Health and Dental Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	PBC ID Number – must be completed
Medical Services Plan	<input type="checkbox"/> YES <input type="checkbox"/> NO	Personal Health Number – must be completed
Basic Group Life Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	

TYPE OF BENEFIT

I wish to maintain coverage

YES (✓) NO

PROVIDE REQUIRED INFORMATION

Optional Spouse and Dependent Group Life Insurance

 FLEXIBLE BENEFITS PROGRAM:

(applies to eligible excluded employees)

Extended Health Plan (includes Health Spending Account)

 PBC ID Number – **must be completed**

Dental Plan

 PBC ID Number – **must be completed**

Medical Services Plan

 Personal Health Number – **must be completed**

Basic Group Life Insurance

Family Funeral Benefit

(formerly called Optional Spouse and Dependent Group Life Insurance)

Optional Employee Group Life Insurance

Optional Spouse Group Life Insurance

Optional Child Group Life Insurance

Optional Employee AD&D Insurance

Optional Spouse AD&D Insurance

Optional Child AD&D Insurance

 RE-APPLICATION FOR BENEFIT COVERAGE UPON RETURN TO WORK

If leave is under 90 days, coverage will be reinstated with the same coverage and dependents as prior to commencement of leave. If leave is over 90 days and coverage has not been maintained, you must re-apply for the applicable benefit program upon your return to work. Evidence of Insurability may be required to reinstate some levels of life insurance coverage. It is your responsibility to re-apply for coverage. The benefit plans will be re-instated on the appropriate date pending receipt of your application, and in accordance with benefits policy.

PUBLIC SERVICE PENSION PLAN

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 be able to purchase this service and pay the cost directly to the BC Pension Corporation. For more information, please visit the Purchase of Service page on MyHR.

EMPLOYEE SIGNATURE

DATE SIGNED
YYYY / MM / DD**X**