

**INSTRUCTIONS:**

- To maintain benefits while on 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 Service Request:** [www.gov.bc.ca/myhr/contact](http://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
- Additional information and forms are available online at [www.gov.bc.ca/myhr](http://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)** 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	
MINISTRY		DEPT ID (MIN - PAYLIST)		PLAN PROVIDER ID	
EMPLOYEE CLASS		NOTE: Use the arrow keys to move between the choices and make your selection (or click on your selection).		APPOINTMENT STATUS	
BCGEU	PEA	NURSES	OIC	REGULAR	FULL TIME
EXCL MGR	SCHEDULE A	SAL PHYSICIANS	OTHER: _____	AUXILIARY (with Benefits)	PART TIME
HOME ADDRESS			CITY, PROVINCE		PHONE NUMBER (10 digits)

**REASON FOR APPLICATION**

**LEAVE OF ABSENCE WITHOUT PAY** TYPE OF LEAVE: (e.g., education) \_\_\_\_\_ START DATE (yyyy-mm-dd) \_\_\_\_\_ END DATE (yyyy-mm-dd) \_\_\_\_\_

**LAYOFF** LAST DAY ON PAY: (yyyy-mm-dd) \_\_\_\_\_

**OPTION TO CONTINUE EMPLOYEE BENEFITS** (including 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 six (6) months for layoff, 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). Employees are responsible for the full premium cost for any benefits they choose to continue. Full payment or monthly post-dated cheques must be received within 30 days of commencement of the 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 benefits coverage. **DO NOT SEND PAYMENT UNTIL BILLED.**

**BENEFITS SELECTION** Choose the health and life insurance (1) and/or long term disability coverage (2) you wish to continue.

**1. HEALTH AND INSURANCE BENEFITS**

	MAINTAIN COVERAGE?		MAINTAIN COVERAGE?	
	YES	NO	YES	NO
EXTENDED HEALTH PLAN			OPTIONAL SPOUSE GROUP LIFE INSURANCE	
DENTAL PLAN			OPTIONAL CHILD GROUP LIFE INSURANCE	
EMPLOYEE BASIC LIFE INSURANCE			OPTIONAL EMPLOYEE AD&D INSURANCE	
FAMILY FUNERAL BENEFIT			OPTIONAL SPOUSE AD&D INSURANCE	
OPTIONAL EMPLOYEE GROUP LIFE INSURANCE			OPTIONAL CHILD AD&D INSURANCE	

**2. LONG TERM DISABILITY PROGRAM**

(applies to regular employees)

**IMPORTANT NOTES**

**RE-ENROLMENT FOR BENEFITS COVERAGE UPON RETURN TO WORK**

If the leave is under 90 days, you must notify MyHR at (toll free) 1-877-277-0772 and coverage will be reinstated with the same coverage and dependants as prior to start of leave, with the exception of Optional Life Insurance. If Optional Life Insurance coverage is not maintained, coverage will be considered waived and you will need to re-qualify (provide evidence of insurability). You can re-apply for coverage during the annual open enrolment period, upon an eligible life event or upon return to work if in a different plan year. If leave is over 90 days and coverage has not been maintained, you must re-apply for the applicable benefits program upon return to work. It is your responsibility to re-apply for coverage. The benefits plans will be reinstated on the appropriate date pending the required notification or 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 at [www2.gov.bc.ca/gov/content/careers-myhr/all-employees/pay-benefits/benefits/pension/purchase-service](http://www2.gov.bc.ca/gov/content/careers-myhr/all-employees/pay-benefits/benefits/pension/purchase-service).

**AUTHORIZATION**

SIGNATURE	DATE SIGNED yyyy-mm-dd
-----------	---------------------------