

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

INSTRUCTIONS:

Complete this form and forward to the **Benefits Service Centre** through an AskMyHR Online Service Request, fax or mail.

AskMyHr Online Service Request: www.gov.bc.ca/myhr/contact

Fax: 604-320-4031 **Mail:** Block E, 2261 Keating Cross Rd. Saanichton BC V8M 2A5

For more information or forms, please visit MyHR at www.gov.bc.ca/MyHR or call (toll free) 1 877-277-0772 / 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, 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)		GREAT-WEST LIFE ID NUMBER	
				PERSONAL HEALTH NUMBER	
EMPLOYEE CLASS <small>NOTE: Use the arrow keys to move between the choices and make your selection (or click on your selection).</small>				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		POSTAL CODE	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 of BCGEU employees and up to a limit of three (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). 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. STANDARD BENEFITS PROGRAM <small>(applies to eligible BCGEU, PEA, Nurses, and other employees not eligible for the Flexible Benefits Program)</small>	MAINTAIN COVERAGE?		1. FLEXIBLE BENEFITS PROGRAM <small>(applies to eligible excluded employees)</small>	MAINTAIN COVERAGE?		OPTIONAL EMPLOYEE GROUP LIFE INSURANCE	MAINTAIN COVERAGE?	
	YES	NO		YES	NO		YES	NO
MEDICAL SERVICES PLAN (MSP)	<input type="checkbox"/>	<input type="checkbox"/>	MEDICAL SERVICES PLAN (MSP)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED HEALTH & DENTAL PLAN	<input type="checkbox"/>	<input type="checkbox"/>	EXTENDED HEALTH PLAN	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL SPOUSE GROUP LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE BASIC LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	DENTAL PLAN	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL CHILD GROUP LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
OPTIONAL SPOUSE & DEPENDANT LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	EMPLOYEE BASIC LIFE INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL EMPLOYEE AD&D INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
			FAMILY FUNERAL BENEFIT	<input type="checkbox"/>	<input type="checkbox"/>	OPTIONAL SPOUSE AD&D INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
						OPTIONAL CHILD AD&D INSURANCE	<input type="checkbox"/>	<input type="checkbox"/>
2. LONG TERM DISABILITY PROGRAM <small>(applies to regular employees)</small>	<input type="checkbox"/>	<input type="checkbox"/>	2. LONG TERM DISABILITY PROGRAM <small>(applies to regular employees)</small>	<input type="checkbox"/>	<input type="checkbox"/>			

IMPORTANT NOTES

RE-ENROLMENT FOR BENEFITS COVERAGE UPON RETURN TO WORK

If the leave is under 90 days, coverage will be reinstated with the same coverage and dependants 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 benefits program upon return to work. Evidence of Insurability may be required to reinstate coverage. It is your responsibility to re-apply for coverage. The benefits plans will be reinstated 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.

AUTHORIZATION

SIGNATURE	DATE SIGNED yyyy-mm-dd

Retain a copy for your records.