

GOVERNMENT OF NEWFOUNDLAND AND LABRADOR
Group Insurance Continuation Form

Please submit this form to your Group Administrator thirty (30) days prior to commencing leave. Failure to submit may result in cancellation of group insurance coverage.

NAME: _____

SIN #: _____

ADDRESS: _____

TELEPHONE#: _____

DEPARTMENT: _____

POSTAL CODE: _____

Continuation of the Group Insurance Program is not offered if self-employed or working with another employer. You may convert your coverage over to a private policy with Desjardins Financial Security within thirty-one (31) days after termination.

I WISH TO REMAIN IN THE GROUP INSURANCE PLAN: YES _____ NO _____

LEAVE DATE: _____

EXPECTED DATE OF RETURN: _____

Please mark which category applies:

Seasonal Layoff _____

Special Leave With out Pay _____

Special Leave With out Pay _____
(Extended Sick Leave)

(Have you applied for LTD/Waiver of Premium benefit)

Retirement Prior to Age 65 _____

Retirement After Age 65 _____

Retirement of Medical Grounds _____

(Have you applied for Waiver of Premiums benefit)

Survivor of Insured Spouse _____

Education Leave _____

(OVER)

Maternity Leave _____

Please indicate Option A _____ or Option B _____

FOR MATERNITY LEAVE ONLY:

Option A: I wish to continue payment of my share of the Group Insurance premiums for the period of leave applicable (max. 52 weeks).
Cheques must be made payable to: Newfoundland Exchequer Account/Group Insurance.

Option B: I wish to have my share of the Group Insurance premiums recovered from my salary cheques for the period of leave applicable.

OTHER IMPORTANT FACTS YOU SHOULD KNOW

- **Long Term Disability can only be continued while on Maternity Leave/Sick Leave.**
- **If you elect to cancel benefits while on leave you will have to re-apply for Dental coverage upon return to work, and the employee and each dependent will be restricted to \$100.00 for the first 12 months.**
- **LONG TERM DISABILITY AND/OR WAIVER OF PREMIUM MUST BE APPLIED FOR WITHIN 4 MONTHS AND 6 MONTHS RESPECTIVELY BUT NO LATER THAN 10 MONTHS FROM LAST DAY OF WORK.**
- **Employer does not continue to match benefit premiums while on Special Leave Without Pay (only maternity leave)**
- **Benefits can only be continued for one (1) year following the approved leave of absence/maternity/sick leave, etc.**

EMPLOYEE'S SIGNATURE

DATE