

BRITISH COLUMBIA
PUBLIC SCHOOL EMPLOYERS'
ASSOCIATION

Notice of Leave

Employee Information

Employee's Surname	First Name	Initial

District #:
Employee #:
Occupation:

Leave of Absence from: _____ to: _____

Reason for Leave: _____

Do you plan to leave the province during your leave? ☐ No ☐ Yes, from: _____ to: _____

If yes, destination(s): _____

Use back of form if destinations and dates do not fit in space provided. Please note that your provincial health plan must approve continuation of coverage for a leave of absence outside of the province exceeding six months. If traveling to a country with a travel warning issued by the government (see www.voyage.gc.ca), your life insurance coverage may not be approved during your leave. Coverage for extended health ceases the day you are no longer covered under your provincial health plan.

Please indicate the applicable benefits to be continued during your leave of absence and the current level of coverage:

	Current level of coverage	Insurer Approval
<input type="checkbox"/> Basic Life Insurance	_____	Approved Declined
<input type="checkbox"/> Optional Life Insurance	<input type="checkbox"/> Employee: _____	Approved Declined
	<input type="checkbox"/> Spouse: _____	
	<input type="checkbox"/> Child: _____	
<input type="checkbox"/> Basic Accident Insurance	_____	Approved Declined
<input type="checkbox"/> Optional Accident Insurance	_____	Approved Declined
<input type="checkbox"/> Extended Health (please circle):	Single Couple Family	Approved Declined
<input type="checkbox"/> Dental Care (please circle):	Single Couple Family	Approved Declined
<input type="checkbox"/> Short Term Disability	_____	Approved Declined
<input type="checkbox"/> Long Term Disability (if insured by Great-West Life)	_____	Approved Declined

Please note that long term disability (LTD) can be continued through Maternity, Parental and EI Compassionate leave. Approval is required for other types of leave.

Benefits will continue through Maternity Leave, Parental Leave and EI Compassionate Care Leave. However, should you not wish to continue to pay your share of premium contribution for benefits during these leave of absences, your District is not required to pay your portion of the premium and continue coverage on your behalf. Please check with your Benefits Administrator regarding continuation of coverage policies specific to your district in these circumstances. For any benefits shown above that you have chosen not to continue, you are waiving your rights to these benefits until you return from your leave of absence. If you are eligible to continue LTD coverage but choose not to, any disability that occurs during your leave of absence will not be covered by the LTD policy.

Please note that cost sharing arrangements may be different while on a leave of absence for leaves other than Maternity, Parental and EI Compassionate leave. Please check with your Benefits Administrator for cost sharing information. Your District Benefits Administrator will inform you how long coverage for each benefit will be continued while you are on a leave of absence.

I certify that I understand the above and have been informed by the District's Benefits Administrator of the coverage available to me during my leave of absence.

Employee Signature: _____ Date Signed: _____

Benefits Administrator, please fax this form to Pacific Blue Cross: 604-419-2149 or email to enrolment@pac.bluecross.ca

SSQ Assurance – (403) 261-3101

Great-West Life: Please fax to Shiva Tabibian at (604) 683-4941 or e-mail Shiva.Tabibian@gwl.ca