

BENEFITS CONTINUANCE FORM

Last Name	First Name				Email Address
Address	City				Postal Code
Home Phone					Cell Phone
Employer					Employee #
Start Date (Year/Month/D	ay)				Date Sick Leave Ended (Year/Month/Day)
Employment Insura	nce:				
Application Date		ate Ber	nefits	Starte	ed Date Benefits Denied
WCB:					
Is your absence from w	ork due to	a workp	lace	relate	ed illness or injury? Yes □ No □
Have you applied for WCB benefits? Yes □				No	
Has your claim been denied?		Yes		No	
Have you submitted an appeal?		Yes		No	
	sponsible to	repay	the i	union	fits during a period when you are appealing a n should your appeal be successful and your
Long Term Disabilit	<u>v</u> :				
Application Date	How long m	ust you	be c	off wo	ork before benefits commence?
Has your claim been ad	ccepted? \	∕es □	No	□:	Date Claim Accepted

Important:

Please attach a copy of the employer letter indicating when your benefits ended and the date and amount you must pay in order to ensure benefit coverage. The application for benefits continuance requires several weeks to process and approve. Please make every effort to forward the completed form and required attachment as soon as possible to minimize a lapse in benefit coverage.

Please read the Benefits Continuance Policy on page 2...

Policy 10.5.1 - Benefits Continuance

The society undertakes a limited liability to ensure that members unable to work for extended periods due to illness or injury continue to be covered by medical insurance plans as follows:

- (1) The Society shall, upon application, pay for the full premium costs of medical and dental services, extended health, and group life insurance plans for a period of up to six months for those members who have access to such coverage by contractual arrangement between the union and the employer and whose sick leave entitlement has been exhausted.
- (2) The Society shall, upon application, pay for the full premium costs of medical services and extended health insurance plans for a period of up to six months for those members who are not covered under such plans by contractual arrangement with the employer but who have secured such coverage individually and who have been unable to work because of illness or injury for at least 14 calendar days, provided that:
 - a) The member has been a member for at least one year.
 - b) The member is expected to return to work.
 - c) The member is not in receipt of income from other sources such as employment insurance, workers' compensation, short or long term disability plans or any other wage replacement plan.
 - d) The member is not covered by or does not have access to coverage by a benefit plan duplicating the society's commitment at no additional cost to his or herself.
- (3) Members receiving LTD, EI or WCB must repay any benefits paid by the Society once their claim has been approved.
- (4) If there are exceptional circumstances the Society Executive Board will have the right to continue the benefit for a further six months to a maximum of one year on the appeal of the member.