AGREEMENT Coverage during a Sick Leave / Disability

According to the terms and conditions of the guidelines relating to the group benefit plan and the insurer's policy, the group benefit coverage will be maintained during a sick leave if the employee requests such by completing and signing this agreement.

I agree to pay my portion of the group benefit premiums during my sick leave in the amount of ______\$, in accordance to the group insurance program guidelines.

If the premiums increase during my leave of absence, I agree to pay the difference.

I understand that my employer has the right to terminate my group benefit coverage, in accordance to group insurance guidelines that are presently in effect, under the following circumstances:

- 1. If I do not pay my premiums;
- 2. If I do not submit a long-term disability claim to the insurer if my absence is extended four (4) months or more;
- 3. If my long-term disability claim is refused by the insurer and I do not return to work.

I understand that the present agreement will end at the latest twenty-eight (28) months after the start date of my leave of absence indicated below.

Method of payment :	Cheque		Automatic withdrawal
Frequency :	Every 2 weeks		Monthly
Payments will start on :			
Start date of sick leave:	-		
Expected date of return:			
Expiration date of this agreement: (max. 28 months from the start date of the sick leave)			
Name of the Employee		Director's name	
GWL identification number		Name of the Daycare Centre	
Employee signature		Director's signature	
Date		Date	
			Updated: January 2018

The EMPLOYER must send this form to Grandir ensemble at the latest 8 weeks after the start date of the sick leave with an email requesting the required forms for a « Long-term Disability Claim » with the insurer.