

Coverage during Maternity or Parental Leave

All coverage must be continued while a member is on maternity/parental unless otherwise informed by the employee. The employer must make arrangements to collect any premiums required from their employees according to their internal policy. However, if the employee chose not to pay his portion of the premiums, all benefits will be terminated.

- I will **continue to pay** my portion of the premiums for my benefits during my maternity/parental leave according to my employer's policy in the amount of _____.
- I understand that my benefits currently in place will be maintained according to the *Employment Standards Act in Ontario* for a maximum of 18 months after the date of birth of the baby. If the premiums increase during my leave, I will pay the difference. If I stop paying my premiums, I understand that my employer will stop my coverage in the benefit plan and all my coverage will terminate.

OR

- I **refuse** to pay the portion of my premiums during my maternity/parental leave effective on the start date of the leave. As a result, my employer will terminate all my current coverage in the benefit plan and my coverage will terminate on my last day of work. I understand that if I become disabled during my leave of absence, I will not be eligible to receive Long Term Disability Benefits as I would not be covered at the time of disability. My coverage will be reinstated when I return to work without a waiting period by completing a new enrolment form. I will receive a new identification number and the terms and conditions of a new enrolment will apply.

I understand that I have the right to convert the amount of life insurance offered through the group benefit plan administered by Grandir ensemble, Policy no 165729, into an individual policy with Great-West Life without having to provide proof of good health. The written request for conversion must be submitted to the insurer within **31 days** from the date the group life coverage ends. Please note that the premium will not be the same and will be determined by Great-West Life. Employees can contact our Group Benefits Consultant, Jacinthe Choquet at 613 833-9170 for more information.

Start date of leave: _____

Expected date of return: _____

Employee's name

Name of the Daycare Centre

Employee's signature

Authorized Signature

Date

Date