

Plans A and B

Coverage During Maternity/Parental Leave

Group Insurance Plan - Desjardins Insurance - Policy 440303

Employers must maintain group insurance coverage during maternity and parental leave unless otherwise requested by the employee. Employers are responsible for collecting the premiums payable by their employees. Employees who choose not to pay their share will lose their coverage.

I would like to **maintain** my coverage. I accept to pay my share of premiums during my leave, in the amount of \$_____.

I would like to **maintain** all coverage **EXCEPT for long-term disability**. I accept to pay my share of premiums during my leave, in the amount of \$_____.

Payment method:	<input type="checkbox"/> Automatic withdrawal	<input type="checkbox"/> By cheque
Frequency:	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Every month
Payment starting on:	_____	

I understand that my current coverage will be maintained (according to my choices, as indicated above) under Ontario's *Employment Standards Act, 2000*, and any future amendments, for a maximum of seventy-eight (78) weeks after I give birth. The decision to extend my coverage must be made before I start my maternity/parental leave, and that choice will stand throughout my leave.

If the premiums increase during my absence, I undertake to pay the difference. If I fail to pay my premiums, I understand that my employer may cancel my insurance, and all coverage will be discontinued.

I **waive** my coverage during my maternity/parental leave effective the day I start my leave.

EMPLOYEES RESIDING IN QUEBEC

Employees residing in Quebec must maintain their medical coverage if they are not covered under another plan, as required under Quebec's public prescription drug insurance plan (RAMQ – Régie de l'assurance maladie du Québec prescription drug insurance plan).

I **waive** all coverage **EXCEPT for medical coverage**. I accept to pay my share of the premiums during my leave in the amount of \$_____.

Payment method:	<input type="checkbox"/> Automatic withdrawal	<input type="checkbox"/> By cheque
Frequency:	<input type="checkbox"/> Every two weeks	<input type="checkbox"/> Every month
Payment starting on:	_____	

Consequently, my employer will discontinue my current coverage, other than medical, effective my last day of work.

I understand that if I become disabled during this time, I will not be eligible for long-term disability benefits because I would not be covered on the date of onset of disability. My coverage will resume upon my return to work without the waiting period. My ID number will remain the same, and my claim record will resume.

I understand that I can request to have the life insurance amount I am receiving under the group insurance plan, Policy 440303, managed by Grandir ensemble, converted into an individual life insurance contract with Desjardins without having to submit proof of good health. The written conversion application must reach the insurer no later than **thirty-one (31) days** after the termination of my group insurance.

I understand that the premiums are not the same and will be determined by the insurer. I can contact the group insurance advisor, Jacinthe Choquet, at 613-833-9170 or jchoquet@jcbenefits.ca for additional information.

Leave start date:

Expected date of return:

Maximum of 78 weeks after the delivery date

Name of employee

Name of employer

Signature of employee

Signature of employer

Date

Date