

## Plans A and B

# Coverage During the Summer

Group Insurance Plan - Desjardins Insurance - Policy 440303

Employees who participate in the group insurance plan and do not work during the summer because the child care service or the program is closed, have two options in regard to their coverage during the summer (maximum of three months).

Option 1: Maintain the group insurance coverage during the summer

Option 2: Waive the group insurance coverage during the summer

- I would like to **maintain** my group insurance coverage during the summer during the shutdown. I accept to pay my share of the group insurance premiums during my leave according to the premiums split established by my employer in the amount of \$\_\_\_\_\_. I understand that all the current coverage will be maintained. If the premiums increase during my absence, I accept to pay the difference. If I fail to pay my premiums, I understand that my employer will discontinue my insurance, and all my coverage will terminate.

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 **waive** my group insurance during the summer during the shutdown. As a result, my employer will terminate all my current coverage, effective the last day worked as indicated below. On my first day back at work, my coverage will resume without a waiting period.

### 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, 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](mailto:jchoquet@jcbenefits.ca) for additional information.

Leave start date:

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Expected date of return:

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Name of employee

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Name of employer

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Signature of employee

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Signature of employer

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Date

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Date