

**Plan C**  
**Agreement – Coverage While Receiving Sickness, WSIB or Other Benefits**  
Group Insurance Plan - Desjardins Insurance - Policy 440303

Pursuant to the terms and conditions set out in the Guidelines and in the insurance policy in effect, group insurance coverage is maintained during sick leave. The employee must fill out and sign this form. The employee must pay their portion of premiums to the employer in accordance with the allocation established by the employer.

I accept to pay my share of the group insurance premiums during my sick 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:	_____	

If the premiums increase during my absence, I undertake to pay the difference.

I understand that my employer may terminate my group insurance coverage, in accordance with the Guidelines, under the following circumstance:

- If I fail to pay my premiums.

I understand that if I receive benefits from WSIB (Workplace Safety and Insurance Board) or another source, I must file a claim for the life insurance waiver of premium with Desjardins. The insurer may terminate the coverage **twelve (12) month** after the date of onset of disability if I do not file that claim.

I understand that this agreement terminates on the date I return to work from sick leave or on the end date of the employment contract, whichever occurs first as indicated below.

Sick leave start date: \_\_\_\_\_

Expected date of return: \_\_\_\_\_

Expiration of this agreement:  
(Maximum: end date of the term contract) \_\_\_\_\_

\_\_\_\_\_  
Name of employee

\_\_\_\_\_  
Name of employer

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Signature of employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date