

Plans A and B – SAMPLE LETTER

Important: As stipulated in the guidelines for employers, the employer is responsible for obtaining the appropriate legal advice depending on the circumstances, in particular before terminating any group insurance coverage

LONG-TERM DISABILITY / EXTENDED SICKNESS

Claim APPROVED by the insurer

Date

NOTE: Replace the **YELLOW** sections

CONFIDENTIAL

Mr./Ms. Name

Address

Dear Mr./Ms. **Name**,

Subject: Maintenance of group insurance coverage while receiving extended sickness/long-term disability, WSIB, auto insurance or other benefits

We are writing in connection with our agreement on maintaining your coverage during your extended sick leave that you signed on **date** and the group insurance Guidelines.

As you know, you have been on sick leave since **date**. In accordance with the Guidelines, you notified **name of employer** that you wanted to maintain your group insurance coverage while on leave, and to that end you signed the form entitled “*Agreement – Coverage While Receiving Sickness, Disability, WSIB or Other Benefits*”. You subsequently filed a claim with Desjardins Insurance for long-term disability, which was approved effective **date (date on the Desjardins letter)**. You will continue to receive long-term disability benefits for as long as the insurer deems that you meet the definition of disability under the insurance policy.

We would like to take this opportunity to inform you that when you receive long-term disability benefits, you are exempt from paying life insurance, accidental death or dismemberment and long-term disability premiums. Consequently, your share of group insurance premiums has been reduced from **\$amount** to **\$amount** effective **date**, and the employer has therefore reduced your pre-authorized monthly deductions accordingly. **Name of employer** has also reimbursed you for the overpayment for the applicable months. **(NOTE: delete the last sentence if it does not apply in that particular case)**

In addition, we would like to remind you that, subject to the terms and conditions stated in the Agreement-Coverage While Receiving Sickness, Disability, WSIB or Other Benefits and the Guidelines, your medical and dental coverage will be maintained during the first twenty-eight (28) months of your sick leave. In the absence of precluding terms, **name of employer** will terminate your group insurance coverage on **date (24 months after the date the insurer started paying benefits)**.

It is also important to highlight, by way of reminder, that your health and dental coverage may also terminate if **name of employer** ceases to participate in the group insurance plan, at its sole discretion and without notice, in accordance with **name of employer**'s policy and the Guidelines.

We wish you a prompt recovery, and invite you to contact us if you have any questions.

Yours truly,

Name of Management

Title