

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, before terminating any group insurance coverage.

LONG-TERM DISABILITY / EXTENDED SICKNESS

The employee HAS NOT APPLIED for LTD

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*”.

As indicated in the Guidelines for employees participating in the benefit plan, if the Long-term Disability claim is not filed with the insurer, the coverage terminates **retroactively** as follows:

Long term disability: **DATE**
(date when the LTD benefits would have started if the claim had been approved)

All coverage: **DATE**
(thirty-one (31) days from the date when the LTD benefits would have started if the LTD claim had been approved)

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

Yours truly.

Name of management

Title