

**MUNICIPAL EMPLOYEES BENEFITS PROGRAM
GROUP INSURANCE PLAN & DISABILITY INCOME PLAN
LEAVE OF ABSENCE & LAYOFF**

This form must be completed and sent to MEBP immediately after the last contribution date.

Section 1 – Employer Verification

Employer Number: _____ Employer Name: _____

Employee Name: _____ Date of Birth _____ (dd/mm/yyyy)

Last day worked: _____ (dd/mm/yyyy) Anticipated return to work date: _____ (dd/mm/yyyy)

The last date contributions will be deducted from Employee's pay (pay period ending) _____ (dd/mm/yyyy)

Type of UNPAID Leave (please select one):

Layoff/Strike/Lockout
 Compassionate Care

Maternity/Parental
 Manitoba Public Insurance

Sick/Injury
 Personal

Workers Compensation Board
 Educational/Professional

Section 2 – Employee Options

DISABILITY INCOME PLAN – please select one

A. This section does not apply to me as I am not a member of the Disability Income Plan.

B. I want to maintain Disability Income Plan coverage Plan during my UNPAID Leave.

My employer has provided me with a cost calculation based on by salary/pay and the contribution rates in effect prior to the start of my unpaid leave. I understand that I will be required to contribute both the employee and employer required contributions if I want my coverage to continue during the period of absence. **If my payments cease at any time prior to returning to work, my disability coverage will terminate based on the date the last contribution was paid.** I will make payments for the required contributions by post-dated cheque, made payable to my employer, who will remit the payments to MEBP.

If I become disabled during the leave of absence and continue to contribute to the Disability Income Plan, the 18-week elimination period will begin on the date of disability.

C. I **DO NOT** want to maintain Disability Income Plan coverage Plan during my UNPAID Leave.

I understand that my **disability coverage will terminate** at the end of the pay period for which contributions were last deducted from my regular pay.

GROUP INSURANCE PLAN – please select one

A.. This section does not apply to me as I am not a member of the Group Insurance Plan.

B. I want to maintain my coverage under Basic Life during my UNPAID Leave (see Time Limits on reverse)

I understand that I am responsible for the full cost (employee and employer required contributions) based on rates in effect before and during my absence. If my payments cease at any time prior to returning to work, my **coverage will terminate** based on the date the last contribution was paid. I will make payments for the required contributions by post-dated cheque, made payable to my employer who will remit the payments to MEBP.

I also wish to maintain my coverage under the following insurance benefits:

Optional Life -- Yes No Family Life -- Yes No

Voluntary Accidental Death & Dismemberment -- Yes No

C. I **DO NOT** want to maintain my insurance coverage during my leave of UNPAID Leave.

I understand that my insurance **coverage will terminate** at the end of the pay period for which contributions were last deducted from my regular pay.

Continued on the reverse

Time Limits

The following chart summarizes the maximum time periods that **Groups Insurance** contributions will be accepted by MEBP for employees who are absent from work. If an employee does not return after meeting the maximum time limit, insurance contributions will be discontinued and the employee will no longer have coverage under the **Group Insurance** Plan.

Type of Absence	12 months	24 months	Other
Layoff	X		
Lockout/Strike	X		
Maternity			17 weeks
Parental			63 weeks
Personal		X	
Educational/Professional		X	
Compassionate Care		X	
Sick/Injury, Workers Compensation and Manitoba Public Insurance See Note Below*			

*If you are off work due to sickness or injury (includes Manitoba Workers Compensation & Public Insurance), you can continue to maintain your insurance coverage until the earliest of the following:

- Recovery from sickness or injury,
- Termination of employment
- Cease to be an insured employee

Section 3 – Employee Declaration and Signature

My employer has explained the options available to me in regard to maintaining or not maintaining my Group Insurance Plan and or Disability Income Plan coverage during the period of my leave/layoff.

I understand that IF I have elected to maintain my Group Life Insurance coverage, and am absent due to Layoff/Lockout/Strike or an Approved Leave of Absence, my continuation of coverage is subject to the Time Limits stated above.

I understand that IF I have elected to maintain my Group Life Insurance coverage, and am in receipt of Workers Compensation Benefits, Manitoba Public Insurance or another Employee Sponsored Long Term Disability Plan other than the MEBP Disability Plan, and I am unable to work for eighteen (18) consecutive weeks, I can apply for a Waiver of Insurance Contributions benefit. If approved, MEBP will provide BASIC Life Insurance Coverage at no cost to me. It is my responsibility to contact MEBP if I wish to apply for this Waiver.

I understand that if my absence is due to a medical condition for 60 days, or have a medical condition that will cause me to be absent for an extended period of time, I can to apply for Long Term Disability benefits (or a Disability Pension from the Pension Plan if not covered under the MEBP Disability Income Plan). I will advise my employer and submit FORM 62 – Application of Disability Benefits and other necessary forms to the MEBP administration office. These forms can be found online at www.mebp.ca, or may be requested from your employer or MEBP administration office.

I confirm that I have read the information on this form and understand the options available to me and the potential consequences of the option I elected.

Date _____ Employee Signature _____

Section 4 – Employer Declaration and Signature

If this employee is a Member of the Disability Income Plan and/or Group Insurance Plan and will be absent due to a medical condition for 60 days or has a medical condition that will cause him/her to be absent for an extended period of time. The employer must submit FORM 63 - NOTICE OF MEDICAL ABSENCE – STATEMENT OF EMPLOYER along with a Current Detailed Job Description to the MEBP administration office.

If is employee elected to continue to contribute to the Disability Income Plan (DIP) during the period of leave/layoff, the DIP contributions being paid for period of the leave are based on “assumed” annual pensionable earnings of: \$ _____ or Not Applicable .

Date _____ Authorized Signature _____

Phone _____ Name of Authorized Person: _____

Mail, fax or email this form to MEBP. Keep a copy for your records.
Municipal Employees Benefits Program, PO Box 764, Winnipeg MB R3C 2L4
Fax: (1-204-943-5998) Email: pensionrequestsmebp@coughlin.ca