



TIME SENSITIVE—ACT NOW

You have **60 days** from the date your approved leave without pay or lay-off commenced to decide if you wish to continue some or all of your benefits during this period. Failure to do so will result in suspension or termination of coverage as applicable. Retroactive payments will not be accepted.



Continuation of Employee Benefits Coverage (COEB)

Leave of Absence Without Pay | Lay Off

You and your employer are responsible for completing this form. Your employer must complete their sections first so that you are aware of the total premium required and cost-sharing arrangements as applicable.

Name: _____ S.I.N: _____

Employer: _____ Bargaining Unit: _____

Type of Leave: Sick Maternity Lay-Off Other: _____

Start of Leave (DD/MM/YYYY): _____ End of Leave - if known (DD/MM/YYYY): _____

Start of Lay-Off (DD/MM/YYYY): _____ End of Lay-Off - if known (DD/MM/YYYY): _____

Preferred Telephone (while on leave): _____ Preferred Email (while on leave): _____

If you choose to continue coverage for some or all benefits:

- Check and initial each box on pages 2 and 3 for the benefits you wish to continue.
- Date and sign page 3 once you have made your choices.
- Send a copy of this 3-page form attached to your premium payments **to Vestcor** for the Group Life benefits, Long Term Disability (LTD) and Accidental Death & Dismemberment (AD&D). **Vestcor requires monthly post-dated cheques or monthly money orders.**
- Send a copy of this 3-page form attached to your premium payments **to your employer** for Health, Travel, and Dental.
- Go to the website Vestcor.org/continuation-coverage for the maximum periods for Leave of Absence Continuation of Coverage or contact your employer for the information.
- Contact your employer if you:
 - Experience a qualifying life-changing event Vestcor.org/enrolment-change.
 - Will be absent from work for more than 4-months due to illness or injury.

If you choose to discontinue coverage for some or all benefits:

- Check and initial each box on pages 2 and 3 for the benefits you wish to discontinue.
- Coverage is suspended the day your leave without pay commenced and is reinstated when you are back at work.
- Coverage terminates on the day your lay-off commenced.
- You are waiving your right to submit a claim for LTD and/or Waiver of Premium (WOP) benefits.

If you choose to cancel continuation of your coverage at any time on a go forward basis, inform Vestcor and your employer in writing. **If you cancel your coverage you will not be able to reinstate the coverage until your return to work.**

If you have any questions, please contact Vestcor's Member Services Team at 1 (800) 561 4012.

PAGE 2: PREMIUMS REQUIRED DURING THE COST-SHARING PERIOD (AS APPLICABLE*)

Premiums required during the cost sharing period (as applicable*)

Type of coverage	Employer to complete			Employee to complete		
	Coverage amount (\$)	Monthly premium (\$)	Last premium paid (MM/YYYY)	Continuing coverage?	Employee initials	If yes - employee premium amount required (\$)
Basic Group Life/AD&D**				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		100% employer paid
Optional Group Life/AD&D				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Dependent Life				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Voluntary AD&D				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
LTD (cannot be continued during lay-off period)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$

Monthly post-dated cheques or monthly money orders to continue Group Life, AD&D and/or LTD coverage must be made payable to the Minister of Finance, dated the 1st of each month, and sent to:

Monthly cheque total \$ _____

Vestcor - PO Box 6000, Fredericton, NB E3B 5H1

Premium payment attached for the month(s) of: _____

Date employer cost sharing premiums end (employer to complete): _____

Additional notes: _____

IMPORTANT!

* Only complete the section above if there are cost-sharing arrangements in place.

** Basic Group Life/AD&D is mandatory in order to continue Optional Group Life, Dependent Life or Voluntary AD&D.

Premiums required during the cost sharing period (Health, Travel and Dental)

Type of coverage	Employer to complete		Employee to complete		
	Monthly premium (\$)	Last premium paid (MM/YYYY)	Continuing coverage?	Employee initials	If yes - employee premium amount required(\$)
Health and Travel			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Dental			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$

Cheques or money orders to continue Health, Travel and Dental coverage must be made payable as per your employer's instructions, dated the 1st of each month and sent to your employer at the following address:

Monthly cheque total \$ _____

Employer to complete

Premium payment attached for the month(s) of: _____

Date employer cost sharing premiums end (employer to complete): _____

Additional notes: _____

PAGE 3: PREMIUMS REQUIRED WHEN THERE IS NO COST-SHARING IN PLACE

Premiums required when there are no cost sharing arrangements in place

Type of coverage	Employer to complete			Employee to complete		
	Coverage amount (\$)	Monthly premium (\$)	Last premium paid (MM/YYYY)	Continuing coverage?	Employee initials	If yes - employee premium amount required (\$)
Basic Group Life/AD&D*				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Optional Group Life/AD&D				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Dependent Life				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Voluntary AD&D				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
LTD (cannot be continued during lay-off period)				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$

Monthly post-dated cheques or monthly money orders to continue Group Life, AD&D and/ or LTD coverage must be made payable to the Minister of Finance, dated the 1st of each month, and sent to:

Vestcor - PO Box 6000, Fredericton, NB E3B 5H1

Monthly cheque total \$ _____

Premium payment attached for the month(s) of: _____

Additional notes: _____

***IMPORTANT! Basic Group Life/AD&D is mandatory in order to continue Optional Group Life, Dependent Life or Voluntary AD&D.**

Premiums required when there are no cost sharing arrangements in place (Health, Travel and Dental)

Type of coverage	Employer to complete		Employee to complete		
	Monthly premium (\$)	Last premium paid (MM/YYYY)	Continuing coverage?	Employee initials	If yes - employee premium amount required(\$)
Health and Travel			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$
Dental			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		\$

Cheques or money order to continue Health, Travel and Dental coverage must be made payable as per your employer's instructions, dated the 1st of each month and sent to your employer at the following address:

Monthly cheque total \$ _____

Employer to complete

Premium payment attached for the month(s) of: _____

Additional notes: _____

Employer Signature

Employer signature: _____ Date (DD/MM/YYYY): _____

Employee Signature

I have been given the opportunity to choose if I want to continue or discontinue employee benefits during my leave of absence without pay or lay-off period.

I understand that any coverage I have chosen not to continue will be suspended during the leave without pay period with reinstatement of coverage when I return to work.

I understand that any coverage I have chosen not to continue will be terminated on the date my lay-off commences.

Cheques returned due to insufficient funds will result in suspension (for a leave) or termination of coverage (for lay-off) as applicable.

Employee signature: _____ Date (DD/MM/YYYY): _____