CONTINUATION OF EMPLOYEE BENEFITS COVERAGE
LEAVE OF ABSENCE WITHOUT PAY / LAY OFF

New Nouveau Brunswick

IMP: This form must be completed and cheques received by Vestcor within 60 days of the date the leave without pay commences.

Name: _____ **S.I.N**:_____
Employer:_____ **Bargaining Unit**:_____
Period of Leave: **From**_____ **To**:_____
(dd/mm/yy) (dd/mm/yy)

If not continuing coverage:

I have been given the opportunity to continue non-pension benefit coverage during my leave of absence period and have chosen **not** to continue payment of premiums. I understand that coverage under the programs will cease during the leave period and will resume on my return to active employment.

Signature _____ **Date** _____

A copy of this form must be forwarded to Vestcor.

OR

I wish to continue coverage as follows:

Type of Leave ☐ Sick ☐ Maternity ☐ *Lay Off ☐ Other_____

Note: Premium payments must be received **in advance** of the month of coverage. Post-dated cheques are preferred and should be forwarded to Vestcor when leave commences. **Retroactive** premium payments **cannot** be accepted.

Continuing ☐ Yes ☐ No (Yes or No must be checked for each benefit) _____ Initials	**Cheques Payable to Minister of Finance** **Cheque Total:** **$_____**	**Group Life Coverage / Premiums** Last payroll deduction on pay period ending _____ (for following month coverage) Group Life ($ per month) Insurable Earnings$_____ Basic $_____ Supplementary 1x ☐ or 2x ☐ $_____ Dependent $_____ Premium payment attached for the month(s) of _____
Continuing ☐ Yes ☐ No (Yes or No must be checked for each benefit) _____ Initials		**Accidental Death & Dismemberment (Voluntary AD&D)** Last payroll deduction on pay period ending_____ (for current month coverage) Coverage Amount: $_____ Monthly Premium: $_____ Premium payment attached for the month(s) of _____
Continuing ☐ Yes ☐ No (Yes or No must be checked for each benefit) _____ Initials		**Long Term Disability (LTD)** ***(*not eligible to continue LTD during Lay Off periods)*** Last payroll deduction on pay period ending_____ (for following month coverage) Insurable Earnings: $ _____ Monthly premium: $ _____ Premium payment attached for the month(s) of _____
Continuing ☐ Yes ☐ No (Yes or No must be checked for each benefit) _____ Initials		**Health & Dental†:** Last payroll deduction on pay period ending_____ Premium payment attached for the month(s) of _____ **†Cheques for premiums are to be made payable to the employer.** Employer _____ (Payable to)

NOTE: THERE ARE LIMITS TO THE LENGTH OF TIME THAT YOUR NON-PENSION BENEFITS CAN BE CONTINUED DURING A LEAVE. You should consult your Human Resource staff for details, prior to signing this form.

Signature _____ Date _____

Please ensure all cheques (except Health & Dental premiums) made **payable to the Minister of Finance**, **are forwarded with this form to Vestcor**, P.O. Box 6000, Fredericton, NB, E3B 5H1.

Additional notes:

- Please advise Vestcor if payroll deductions resume earlier than indicated above.
- NSF cheques may result in termination of coverage.