TIME SENSITIVE - ACT NOW

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

THIS VERSION OF THE CONTINUATION OF EMPLOYEE BENEFITS COVERAGE FORM IS ONLY APPLICABLE TO:

- **NURSES EMPLOYED IN NURSING HOMES**
- **EMPLOYEES OF WORKSAFE NB**

Please visit Vestcor.org/COEB to access the form applicable to all other working groups.

New Nouveau Brunswick

Continuation of Employee Benefits Coverage (COEB)

Leave of Absence Without Pay FOR NURSES EMPLOYED IN NURSING HOMES AND EMPLOYEES OF WORKSAFE NB.

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.

Name: _____ S.I.N: _____

Employer: _____ Bargaining Unit: _____

Type of Leave: ☐ Sick ☐ Maternity ☐ Other: _____

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

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

If you choose to continue coverage:

- Check "yes" and initial the LTD coverage on page 2.
- Date and sign page 2.
- Send a copy of this 2-page form attached to your premium payments **to Vestcor. Vestcor requires monthly post-dated cheques or monthly money orders.**
- 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 will be absent from work for more than 4-months due to illness or injury.

If you choose to discontinue coverage:

- Check "no" and initial the LTD box on page 2.
- Coverage is suspended the day your leave without pay commenced and is reinstated when you are back at work.
- **You are waiving your right to submit a claim for LTD.**

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.

PREMIUMS REQUIRED WHILE ON LEAVE OF ABSENCE WITHOUT PAY

LTD 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 ($)**
_____	_____	_____	☐ Yes	☐ No	_____	$ _____

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

Monthly cheque total $ _____

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

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 continue or discontinue LTD coverage during my leave of absence without pay.

I understand that if I choose not to continue my LTD coverage, it will be suspended during the leave without pay period and will be reinstatement when I return to work.

Cheques returned due to insufficient funds will result in suspension.

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