



Continuation of Employee Benefits Coverage (COEB)

Leave of Absence Without Pay

For Nurses Employed in Nursing Homes and Employees of WorkSafe NB

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.

Your employer must complete their sections first so that you are aware of the total premiums required to pay during your approved leave. **You must complete and sign all pages that your employer sent to you, even you if you think you will only be on leave for a few weeks.**

If you choose to continue coverage for LTD:

- Check “Yes” and initial the LTD coverage on page 2.
- Date and sign page 2.
- Send a copy of page 2 of this 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](https://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.
- **Optional Critical Illness coverage will automatically be continued.** If you wish to discontinue/cancel coverage, you must call Medavie Blue Cross’ Optional Benefits Team at 1-844-949-3809.

If you choose to discontinue coverage for LTD:

- Check “No” and initial the LTD coverage on page 2.
- Date and sign page 2.
- Send a copy of page 2 of this form to **Vestcor*** if you wish to discontinue coverage for LTD.
- Coverage will end on the last day of the month for which the last premium payment paid for and will then be suspended. Coverage will only be reinstated upon your return to work.
- You are waiving your right to submit a claim for LTD and/or Waiver of Premium (WOP) benefits.
- **Optional Critical Illness coverage will automatically be continued.** If you wish to discontinue/cancel coverage, you must call Medavie Blue Cross’ Optional Benefits Team at 1-844-949-3809.

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 506-453-2296 or 1-800-561-4012. Vestcor’s mailing address is PO Box 6000, Fredericton, NB E3B 5H1. They can also be contacted by email at info@vestcor.org.**

IMPORTANT: Information submitted via email is not considered secure unless encrypted. If you would like to submit this form via email and do not have a method to encrypt it, please contact our office in order to submit this form electronically in a secure format.

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For Nurses Employed in Nursing Homes and Employees of WorkSafe NB**IMPORTANT!** 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	
Social Insurance Number (Optional)	Vestcor Reference Number OR Employee ID
Employer	Bargaining Unit
Type of leave: Sick Maternity Other: _____	
Start of Leave (DD/MM/YYYY)	End of Leave - if known (DD/MM/YYYY)
Preferred Telephone (while on leave)	Preferred Email (while on leave)

Premiums required while on Leave Without Pay (LTD)

	Employer to complete			Employee to complete		
	Coverage Amount (\$)	Monthly Premium (\$)	Last Premium Paid (MM/YY)	Continuing Coverage?	Employee Initials	If Yes - Employee Premium Required (\$)
LTD Coverage				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, and sent to: Vestcor – PO Box 6000, Fredericton, NB E3B 5H1

Monthly cheque total (\$) _____

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 LTD coverage during my leave of absence without pay period.
- I understand that if I choose not to continue my LTD coverage, it will end on the last day of the month that the last premium payment paid for and then be suspended. Coverage will only be reinstated upon my return to work.
- Cheques returned due to insufficient funds will result in suspension.

PRIVACY CONSENT: The personal information collected on this form will be used by Vestcor to: identify the member and the member's employer; set up the continuation or termination (as applicable) of benefits coverage and confirm eligibility; deduct the appropriate amount from the member's bank account (as applicable); contact the member and/or employer as necessary; and ultimately ensure that the benefits program is administered in accordance with the plan's governing documents. The information may be disclosed to Finance and Treasury Board. If you have any questions about the collection and use of this information, contact Vestcor's Member Services team, by mail at P.O. Box 6000, Fredericton, NB, E3B 5H1, by phone at (506) 453-2296 or 1-800-561-4012, or by email at info@vestcor.org. In addition, please note that Vestcor's Privacy Statement is available at www.vestcor.org/privacy.

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