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 commenced to decide if you wish to continue your Long Term Disability (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

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.

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 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.**

Continuation of Employee Benefits Coverage (COEB)
Leave of Absence Without Pay
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: _____ **SIN:** _____

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/YYYY)**	**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/YYY)**:** _____

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 of coverage.

Employee Signature: _____ **Date** (DD/MM/YYY)**:** _____