



Leave of Absence – Group Benefits

If an employee is on a leave of absence and is working elsewhere, they can not continue with benefits.

Employer Information									
Agency Name		Street Address							
City	Province	Postal Code	Telephone Number						
Employee Information									
Plan Member Name (first, last)		Street Address							
City	Province	Postal Code	Telephone Number						
Last Day Worked (yy/mm/dd)		Expected Return to Work Date (yy/mm/dd)							
Reason for Leave of Absence									
Are you receiving income replacement benefits from WCB? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Are you receiving benefits from MPI? Yes <input type="checkbox"/> No <input type="checkbox"/>									
<p>I wish to continue with all the Benefits I am currently enrolled with for the period allowed as noted below;</p> <table border="0"> <tr> <td>Life Insurance, AD&D and Dependent Life (if applicable)</td> <td>can be continued up to 6 months or period receiving Employment Insurance benefits for Maternity Leave</td> </tr> <tr> <td>LTD</td> <td>can be continued up to 4 months or period receiving Employment Insurance benefits for Maternity Leave</td> </tr> <tr> <td>Extended Health and Dental Care</td> <td>can be continued up to 6 months or period receiving Employment Insurance benefits for Maternity Leave</td> </tr> </table>				Life Insurance, AD&D and Dependent Life (if applicable)	can be continued up to 6 months or period receiving Employment Insurance benefits for Maternity Leave	LTD	can be continued up to 4 months or period receiving Employment Insurance benefits for Maternity Leave	Extended Health and Dental Care	can be continued up to 6 months or period receiving Employment Insurance benefits for Maternity Leave
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Extended Health and Dental Care	can be continued up to 6 months or period receiving Employment Insurance benefits for Maternity Leave								
OR									
I am requesting to WAIVE all the above benefits.									
Note: Employees waiving benefits will not be eligible to apply for Long Term Disability benefits. Once waived, benefits cannot be reinstated until the employee returns to work.									
Certification and Authorization									
Signature of Plan Member		Signature of Employer	Date signed (yy/mm/dd)						

Completed forms are to be mailed to; Community Agencies Benefits Plan 201 – 5 Donald Street Winnipeg, MB R3L 2T4