



EXEMPT

Continuation of benefit coverage while on unpaid leave

PLEASE KEEP THIS INFORMATION FOR REFERENCE

Employees may continue benefit coverage while on an approved leave by paying the required benefit premiums as outlined below. **Continuation of benefits for leaves over 1 year must be approved by the insurance carriers.** The Payroll & Benefits Office will forward a *Pre-Authorized Debit (PAD) Plan Agreement* covering the cost of benefit premiums for the leave period.

Leave Type	Board Contribution to Premiums	Employee Contribution to Premiums
Maternity/Parental/Compassionate/ Family Caregiver	Continued	Continued
Medical/WCB Absence <i>0 – 1 Year</i>	Continued	Continued
Medical/WCB Absence <i>Over 1 Year</i>	-	Continued at 100% of Cost
Parenthood	-	Continued at 100% of Cost
Personal	-	Continued at 100% of Cost
Educational	-	Continued at 100% of Cost

Payment of Benefit Coverage

An unauthorized PAD Plan Agreement may result in termination of your benefit coverage. Authorization should be made within 30 days of the notice date.

Re-instatement of Benefit Coverage upon Return to Work

To re-instate benefit coverage, employees must re-apply for coverage. Applications must be completed in a timely manner upon the return to work as ***carrier deadlines could affect eligibility and coverage could be denied if deadlines are not met.*** Coverage cannot be re-instated while an employee is on leave.

BENEFITS WHILE ON LEAVE

Continuation of Medical, Extended Health and Dental Coverage

If you would like to continue coverage for the period of your approved leave, please indicate on your Benefits Information/Invoice and BCPSEA Notice of Leave forms that you wish to continue all coverage and return with an authorized PAD Plan Agreement to the Payroll & Benefits Office within 30 days. Please ensure that you sign and date your forms.

Continuation of Basic and Optional Group Life Insurance

If the employee is absent from work due to illness, coverage may be continued during the period of absence. When on an approved maternity/parental leave, coverage may continue as required under relevant legislation.

Otherwise, coverage may continue for up to 6 months, after which approval to continue the coverage must be obtained from the insurance carrier.

Premiums must be paid to continue coverage.

Continuation of Long-term Disability

When on an approved leave of absence, coverage may be continued for up to 2 years after the leave of absence starts, provided the plan remains in force and premiums are paid.

If the employee elects to maintain the Long-term Disability benefit and that employee was to become disabled while on the approved leave of absence, the employee is not eligible to begin receiving benefits until the later of the completion of the elimination period or the scheduled return to work (provided the employee is in Canada.)

If the employee elects to suspend Long-term Disability benefits for the duration of their leave, they must complete a BCPVPA Notice of Leave form. If they become disabled while on that leave, no disability benefits will be available for as long as the employee remains disabled.

Cancellation or Suspension of Benefits

If you do not wish to continue benefit coverage, please indicate on your Benefits Information/Invoice, complete the BCPSEA Notice of Leave, BCPVPA Notice of Leave, and complete the BCPSEA Waiver of Coverage indicating that you do not wish to continue coverage and return all completed forms to the Payroll & Benefits Office. Please ensure that you sign and date the cancellation.

You may choose to participate in selected coverage. If you do not wish to continue all coverage during your leave, please indicate the benefits you do not wish to continue, authorize the notice, and submit your PAD Plan Agreement for the benefits you wish to continue.

To re-instate benefit coverage upon your return to work, you must re-apply for coverage within carrier deadlines. If you do not re-apply within the carrier deadlines, you may be denied coverage if you apply later. **Coverage cannot be re-instated while on leave.**

If you cancel Basic or Optional Group Life Insurance, you will be required to complete an application and medical questionnaire to re-apply and seek approval from the carrier.

Cancellation due to Unauthorized PAD Plan Agreements

Please note that it is important that your PAD Plan Agreement be received by the School District within 30 days of the invoice date. Failure to meet this deadline will result in termination of benefit coverage.

Travel Benefit Coverage and Claims

To ensure that you have adequate coverage, please contact the carrier directly.

Dental and Extended Health Care www.bcpseabenefits.ca

1-888-275-4672

2024 Exempt Monthly Flex Benefit Premiums

Effective January 1, 2024

Extended Health PBC	Single	Couple	Family	Policy Number
Choice 1	22.73	45.05	82.08	
Choice 2	45.68	91.28	166.31	20061
Choice 3	59.41	118.51	215.68	
Choice 4	96.05	191.90	349.26	
Dental PBC				
Choice 1	19.45	38.96	70.82	
Choice 2	38.71	77.58	141.24	20061
Choice 3	47.87	95.92	174.60	
Choice 4	56.96	114.03	207.35	
Basic Life PBC				
Choice 1 - \$50,000	5.05			
Choice 2 - \$100,000	10.10			
Choice 3 - \$200,000	20.20			79520
Choice 4 - \$300,000	30.30			
Choice 5 - \$400,000	40.40			
Basic AD&D AIG				
Choice 1 - \$50,000	0.48			
Choice 2 - \$100,000	0.95			
Choice 3 - \$200,000	1.90			BSC 9428791
Choice 4 - \$300,000	2.85			
Choice 5 - \$400,000	3.80			
Optional Group Life PBC	Individual Premium			79520
Optional AD&D AIG	Single .012	Family .018		PAI 9428793
LTD Desjardins				647227
LTD Fixed Amount	Ann Sal (rup) / 12 1st 7,500 x 60% bal x 50%			
	Total rup x 3.303/100			

**Benefit Deduction
Frequencies
EXEMPT STAFF**

Month of Deduction	FLEX (Month of Coverage)
January	Feb
February	Mar
March	Apr
April	May
May	Jun
June	Jul
July	Aug
August	Sep
September	Oct
October	Nov
November	Dec
December	Jan