

TEACHERS and ALLIED SPECIALISTS

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/ | Continued | Continued |
| Family Caregiver | | |
| Medical/WCB Absence | Continued | Continued |
| 0 – 1 Year (MED) | | |
| Medical/WCB Absence | - | Continued at 100% of Cost |
| Over 1 Year (MED) | | Carrier approval required |
| Parenthood (PH) | - | Continued at 100% of Cost |
| Personal / General (PLOA) | - | Continued at 100% of Cost |
| Educational (EDUC) | - | Continued at 100% of Cost |
| Deferred Salary (DSLP) | - | 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.

Last Updated: 2024

^{*}As per Article B.11 in the Collective Agreement, the Board contributes 75% to Extended Health Care, 80% to Dental and 50% to Basic Life when the employee contributes the remaining cost.

BENEFITS WHILE ON LEAVE

Continuation of 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 Manulife Life Insurance

When on an approved leave of absence, coverage may be continued for up to 3 years after the leave of absence starts, provided:

- The plan remains in force
- Premiums are paid, and
- The employee is not employed elsewhere. If working more than 20 hours per week on an ongoing basis during the leave of absence, coverage under the plan will be void. In this case, the employee should notify the Payroll & Benefits Office in writing.

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, 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.

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

Benefit Deduction Frequencies Teachers

| Month of Deduction | PBC (Month of Coverage) | Manulife (month of Coverage) |
|--------------------|-------------------------|------------------------------------|
| January | Feb | Feb |
| February | Mar | Mar |
| March | Apr | Apr |
| April | May | May |
| Mid May | Jun | |
| End of May | Jul | Jun |
| Mid June | Aug | |
| End of June | Sep | Sep |
| September | Oct | Oct |
| October | Nov | Nov |
| November | Dec | Dec |
| December | Jan | Jan |