

Please return completed form to your
District Benefits Administrator.

Notice of Leave

Employee Information

Employee's Surname	First Name	Initial

District #:
Employee #:
Occupation:

Leave of Absence from: _____ to: _____

Is this an extension of a previous leave: ☐ Yes ☐ No Dates: _____

Reason for Leave: _____

Do you plan to leave the province during your leave? ☐ No ☐ Yes, from: _____ to: _____

If yes, destination(s): _____

Use back of form if destinations and dates do not fit in space provided. Please note that your provincial health plan must approve continuation of coverage for a leave of absence outside of the province exceeding six months. Coverage for extended health ceases the day you are no longer covered under your provincial health plan.

Please indicate the applicable benefits to be continued during your leave of absence and the current level of coverage:

Selection should match the Benefits listed on your
pay statements that are provided by PBC or AIG

Office Use Only
Current level of coverage

Office Use Only
Insurer Approval

☐ Basic Life Insurance

Approved Declined

☐ Optional Life Insurance ☐ Employee:

Approved Declined

☐ Spouse:

☐ Child:

☐ Basic Accident Insurance

Approved Declined

☐ Optional Accident Insurance

Approved Declined

☐ Extended Health (please circle):

Single Couple Family

Approved Declined

☐ Dental Care (please circle):

Single Couple Family

Approved Declined

☐ Short Term Disability (Not Applicable for SD61 - this benefit is not provided by PBC)

Approved Declined

☐ Long Term Disability (if insured by Pacific Blue Cross) (N/A SD61 - not provided by PBC)

Approved Declined

Please note that long term disability (LTD) can be continued through Maternity, Parental and EI Compassionate leave. Approval is required for other types of leave.

Benefits will continue through Maternity Leave, Parental Leave and EI Compassionate Care Leave. However, should you not wish to continue to pay your share of premium contribution for benefits during these leave of absences, your District is not required to pay your portion of the premium and continue coverage on your behalf. Please check with your Benefits Administrator regarding continuation of coverage policies specific to your district in these circumstances. For any benefits shown above that you have chosen not to continue, you are waiving your rights to these benefits until you return from your leave of absence. If you are eligible to continue LTD coverage but choose not to, any disability that occurs during your leave of absence will not be covered by the LTD policy.

Please note that cost sharing arrangements may be different while on a leave of absence for leaves other than Maternity, Parental and EI Compassionate leave. Please check with your Benefits Administrator for cost sharing information. Your District Benefits Administrator will inform you how long coverage for each benefit will be continued while you are on a leave of absence.

I certify that I understand the above and have been informed by the District's Benefits Administrator of the coverage available to me during my leave of absence.

Employee Signature: _____ Date Signed: _____

Acceptable signatures include: 1) Print and sign in ink or 2) Save the form as a PDF and sign with a digitally drawn signature. (not typed, nor a handwritten font style)

Benefits Administrator, please fax this form to Pacific Blue Cross: 604-419-2149 or email to enrolment@pac.bluecross.ca

AIG Insurance Company of Canada – 1-800-387-4481 or email aigcanada.ah@aig.com