Payroll & Benefits Office

556 Boleskine Road, Victoria BC, V8Z 1E8

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. 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/PEBT contribution to premiums	Employee contribution to premiums
Maternity / Parental / Compassionate / Family Caregiver	Continued	Continued
Medical / WCB Absence Up to 6 months	Continued	Continued
Medical / WCB Absence - After 6 months ***Or* on LTD > 2 years**	-	Continued at 100% of cost
LTD First 2 Years of active claim	Continued at 100% of cost	-
Parenthood / Personal / Educational	-	Continued at 100% of cost

Continuation of coverage

If you would like to continue coverage for the period of your approved leave, please indicate on your notice that you wish to continue all coverage and return with an authorized PAD Plan Agreement to the Payroll & Benefits Office within 15 days. Please ensure that you sign and date your notice.

Cancellation or suspension of benefits

If you do not wish to continue benefit coverage, please indicate on your notice that you do not wish to continue coverage and return 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.

Long-term Disability coverage will terminate 31 days after the start of Parenthood, Personal, or Educational leave.

Updated November 2026

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 15 days of the invoice date. Failure to meet this deadline will result in termination of benefit coverage.

Re-instatement of benefit coverage upon return to work

To re-instate benefit coverage upon return to work, employees must re-apply for coverage within carrier deadlines. Employees must be eligible and complete applications within 30 days of their return-to-work date. If an employee is eligible when returning to work and does not reapply within 30 days, coverage may be denied. **Coverage cannot be re-instated while on leave.**

For further information on benefit coverage on leave please visit www.pebt.ca