

Employee Termination

TO BE COMPLETED BY THE EMPLOYER

Company Name _____ Firm # _____
 Employee Name _____ Certificate # _____
 Plan Administrator's Name _____
 Plan Administrator's Signature _____ Date _____

TERMINATE EMPLOYEE'S COVERAGE

Employee Left Employment All benefits stop on the day following the 'Last Day of Work'.
 Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) _____

**Leave of Absence/
Temporary Lay Off** During a leave or lay off, an employer can continue to offer the coverage held by the individual on a premium-paying basis with the exception of Long Term Disability and Weekly Indemnity coverage. In order for insurance to continue, we must be notified before the leave starts and provided with a scheduled return to work date, which cannot exceed six months*.
 Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) _____
OR Scheduled Return to Work (if applicable) _____
 Continue Employee's Coverage Last Day of Work (YYYY/MM/DD) _____
 Scheduled Return to Work _____

*For leaves and lay offs with a return to work date within six month, insureds in Quebec can only terminate coverage if they are covered for prescription drugs under their spouse's group insurance plan.

Name of Insurer _____

Maternity/Parental Leave During a maternity/parental leave individuals may:
 • terminate coverage** and have it reinstated provided they return within the province's legislated maternity/parental leave period and we are notified within thirty-one (31) days of their return, or
 • continue to pay the premium and be covered for all benefits. Disability benefits would not be paid while on maternity leave, but would be paid if they became disabled while on leave which resulted in them not being able to return to work when expected, or
 • continue to pay the premium and be covered for all benefits except disability. Disability benefits would not be paid while they are on maternity leave, nor if they became disabled while on leave resulting in them not being able to return to work when expected. Disability coverage would be reinstated upon their return to work within the province's legislated maternity/parental leave period.
 Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) _____
OR
 Continue ALL Coverage Last Day of Work (YYYY/MM/DD) _____
OR Scheduled Return to Work _____
 Continue ALL Coverage EXCEPT Disability Last Day of Work (YYYY/MM/DD) _____
 Scheduled Return to Work _____

** Insureds in Quebec can only terminate coverage if they are covered for prescription drugs under their spouse's group insurance plan.

Name of Insurer _____

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TERMINATE EMPLOYEE'S COVERAGE (CONTINUED)

Medical Leave Employee

It is customary that an employee's benefits continue while on medical leave. Should the employer choose to terminate coverage, when employment isn't terminated, the employee will be considered a "Late Entrant" upon return requiring approval of medical evidence of insurability.

Continue ALL Coverage Last Day of Work (YYYY/MM/DD) _____

Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) _____

If terminating all coverage, is employment terminated (Record of Employment is issued)? Yes No

** Insureds in Quebec can only terminate coverage if they are covered for prescription drugs under their spouse's group insurance plan.

Name of Insurer _____

Other

Terminate ALL Coverage Last Day of Work (YYYY/MM/DD) _____

Provide reason _____