

Employee Termination / Reinstatement Request

TO BE COMPLETED BY THE EMPLOYER (IN INK)

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

TERMINATE EMPLOYEE'S COVERAGE

Employee Left Employment All benefits except disability stop at the end of the month in which the employee left employment. Disability benefits stop the day the employee stops working.
 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, Weekly Indemnity and Critical Illness* coverage. In order for insurance to continue, we must be notified before the leave starts and provided with a scheduled return to work date. The continuation cannot exceed six months.
**If the leave or layoff is 4 months or less, Critical Illness coverage can be continued on a premium-paying basis.*

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

OR

Continue Employee's Coverage Last Day of Work (YYYY/MM/DD) _____
 Scheduled Return to Work _____

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.
- 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

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 under their spouse's group insurance plan.

Name of Insurer _____

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

Provide reason _____

REINSTATE EMPLOYEE'S COVERAGE

Coverage may be reinstated provided the individual returns within six (6) months of the termination date and we are notified in writing within thirty-one (31) days of their return date. Coverage is effective on the first day of the month following the date of return, not the date of notification.

Reinstatement ALL Coverage Date of Return (YYYY/MM/DD) _____