Public Employees Benefits Agency

Coverage While on Leave of Absence or Layoff
Public Employees Group Life Insurance Plan and Disability Income Plan

Notice: Employees are responsible for the information provided on the reverse of this form.

Reset Form

Please select: ☐ This is an initial leave/layoff OR ☐ This is an extension to an existing leave/layoff

Section A: To be completed by the Employer

Last Name | First Name | Middle Name

Employer Name | Employee Group (Out-of-scope, Union name, etc.) | Division #

Employee Mailing Address (Apt#, Box#, Street#, City, Prov., Postal Code) | Employee's Home Phone #

Please select: ☐ Permanent Employee ☐ Non-Permanent Employee ☐ Labour Service/Seasonal Employee

Pay Period Type (e.g. bi-weekly/monthly):

First Day of Leave/Layoff: ____ / ____ / ____ (dd / mm / yyyy)

Expected Return to work date: ____ / ____ / ____ (dd / mm / yyyy)

Date Leave/Layoff Approved: ____ / ____ / ____ (dd / mm / yyyy)

# of Pay Periods for the leave:

Employee's Gross Monthly Salary Prior to Leave/Layoff:

Group Life Insurance Coverage While on Leave/Layoff:

Last Employee Premium Paid: For Pay Period: ____ / ____ / ____ (dd / mm / yyyy)

Coverage in Effect:
- Basic coverage: ☐ 2X
- Salary based optional coverage: ☐ 1X ☐ 2X ☐ 3X ☐ 4X
- Unit based coverage: # of Units:

Total Premiums Due for Leave/Layoff Period:

Disability Income Plan Coverage While on Leave/Layoff (not the same as SGEU Ltd. Plan):

Last Employee Premium Paid: For Pay period: ____ / ____ / ____ (dd / mm / yyyy)

Total Premiums Due for Leave/Layoff Period:

Section B: To be completed by the Employee

Public Employees Group Life Insurance Plan (see reverse of form for more information)

☐ I **do elect** to continue my coverage under the Public Employees Group Life Insurance Plan and I will pay the required premiums by:
- ☐ Monthly or lump-sum post-dated cheques submitted prior to leave
- ☐ Via payroll submission prior to leave.

☐ I **do not elect** to continue my coverage under the Public Employees Group Life Insurance Plan and understand that my coverage will terminate until I return to active employment.

Public Employees Disability Income Plan (see reverse of form for more information)

☐ I **do elect** to continue my coverage under the Public Employees Disability Income Plan and I will pay the required premiums by:
- ☐ Monthly or lump-sum post-dated cheques submitted prior to leave
- ☐ Via payroll submission prior to leave.

☐ I **do not elect** to continue my coverage under the Public Employees Disability Income Plan and understand that my coverage will terminate until I return to active employment.

Employee Acknowledgment: I have completed this form and am fully aware of my coverage and the conditions under which that coverage has been provided. I promise to pay all required premiums to maintain this coverage.

Date: _____ Signature: _____

Section C: Employer Acknowledgment

The above named employee was counselled by myself about their coverage under the benefit programs while on layoff/leave of absence and to the best of my knowledge, understands the provisions for continuing or not continuing coverage under the Plans.

Date: _____ Print Name: _____ Signature: _____

Employer must make appropriate copies for Employer & Employee file and submit the original form to PEBA along with required premiums, if applicable.

Leave of Absence/Layoff Provisions

The employee is responsible for the below information and for reviewing the leave of absence/layoff provisions in the respective Plan Booklets which can be found at www.peba.gov.sk.ca/benefits.

Public Employees Group Life Insurance Plan

An employee may elect to continue their coverage for a maximum of 3 years while on an approved leave of absence or layoff.

While the leave of absence/layoff the employee must pay the employee portion of the premiums. Failure to pay premiums on a regular and timely basis and/or by the date indicated by the employer shall constitute termination of coverage under the Plan. Premiums must be received by PEBA no later than 45 calendar days from the last premium payment. The employee continues the amount of insurance in effect on the start date of the leave/layoff. Any changes in the benefit levels or premiums while on leave will be passed on to the employee.

An employee who does not elect to continue their coverage waives all rights to make a claim against the Plan while on leave of absence/layoff. Coverage under the Plan cannot be obtained retroactively.

Public Employees Disability Income Plan

An employee may elect to continue their coverage for a maximum of 3 years while on an approved leave of absence or layoff.

While on leave of absence/layoff the employee must pay the employee and employer portion of the premiums. Failure to pay premiums on a regular and timely basis and/or by the due date indicated by the employer shall constitute termination of coverage under the Plan. Premiums must be received by PEBA no later than 45 calendar days from the last premium payment. The level of coverage will be the amount in effect the day prior to commencement of the leave/layoff.

An employee who does not elect to continue their coverage waives all rights to make a claim against the Plan for a disability that occurs while on leave of absence/layoff. Coverage under the Plan cannot be obtained retroactively.

Insurance Claims

All insurance claims must be submitted through the employer/Human Resource Department from where the leave of absence/layoff was taken.

Employers may stipulate that premiums be paid directly to them for regular remittance to the respective plans. In doing so, such employers require that premiums be paid in one lump sum prior to the leave/layoff.