

Leave of Absence

What you need to know before you begin an approved Leave of Absence



What is an approved leave of absence?

Under the terms of the employee benefit plans, a leave of absence is an approved period of 30 days or more that you will be away from work and not receiving your regular pay. Reasons for a leave of absence can vary. The most common types of leaves include maternity/parental, personal, illness and education. A leave of absence must be discussed with and approved by your employer before the leave begins. Your employer will notify 3sHealth when you have been approved for a leave of absence.

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Do I have benefits while on an approved leave of absence?

The extension of benefits during an approved leave of absence varies by benefit plan and by the length of your leave. Here is an overview of benefit coverage by benefit plan:

Group Life Insurance Plan: Basic life, accidental death and dismemberment (AD&D), and dependent life insurance is mandatory and must be maintained while on a leave of absence for up to 18 months. In addition, you can elect to either continue or stop any optional coverage you have while on your leave of absence. If you elect to continue optional insurance coverage you must make your election and arrange for premium payments with your employer prior to the start of your leave. If you stop your optional insurance coverage prior to or during your leave, and want the coverage back when you return to work, you will be required to complete a medical questionnaire as application for coverage. Your application is subject to the approval of Canada Life.

- Basic life and AD&D coverage is based on two times annual salary for plan members under age 65 or one times annual salary for plan members age 65 or over. Basic Life includes dependent life insurance of \$10,000 for your spouse and \$5,000 for each eligible dependent child.
- Benefits will continue for a maximum of 18 months from the start of your leave.
- Basic life, AD&D, and dependent life insurance is mandatory and continuation of coverage during an approved leave is a condition of your employment.
- You may elect to continue your existing optional life and/or voluntary AD&D insurance during your leave of absence to a maximum of 18 months.
- Payment of monthly premiums is the responsibility of the plan member during a leave of absence. You must make arrangements for premium payments with your employer before your leave begins.
- You have the option to stop your optional coverage within 30 days of the start of your leave by completing with your employer the *Leave of Absence - Disability and Optional Group Life Continuation* form and submitting it to 3sHealth.
- If you are a casual or temporary employee and take an approved leave of absence, your annual hours will be measured on December 31st of the year that you return to work. The annual eligibility measure determines your group life enrolment for the next

calendar year. When you are measured you will receive *deemed hours* (hours that you would have worked had you not been on a leave of absence). You may be granted up to **12 months** of deemed hours from the start of your leave of absence. See below for additional information and examples of deemed hours.

Extended Health Care, Core Dental and Enhanced Dental Plans: Your extended health care and dental benefits will automatically continue during your approved leave of absence for up to 18 months from the start of your leave.

- If you are a part-time, casual, or temporary employee and take an approved leave of absence, your annual hours will be measured on December 31st of the year that you return to work. The annual eligibility measure determines your benefit coverage for the next calendar year. When you are measured you will receive *deemed hours* (hours that you would have worked had you not been on a leave of absence). You may be granted up to **12 months** of deemed hours from the start of your leave of absence. See below for additional information and an example of deemed hours.
- Benefits will continue for a maximum of 18 months from the start of your leave.

Disability Income Plan (DIP): You may elect to continue your disability coverage while on an approved leave of absence for up to 18 months from the start of your leave. If you do not elect to continue your disability coverage during your leave of absence you will not be eligible to apply for income replacement benefits if you become sick or injured during your leave and are unable to return to work.

- You may continue disability coverage for a maximum of 18 months from the start of your approved leave of absence.
- You have the option to stop your coverage within 30 days of the start of the leave by completing the *Leave of Absence - Disability and Optional Group Life Continuation* form with your employer and submitting it to 3sHealth.
- All disability contributions are the responsibility of the plan member.
- If you are a casual employee and take an approved leave of absence, your annual hours will be measured on December 31st of the year that you return to work. The annual eligibility measure determines your disability enrolment for the next calendar year. When you are measured you will receive *deemed hours* (hours that you would have worked had you not been on a leave of absence). You may be granted up to **12 months** of deemed hours from the start of your leave of absence. See below for additional information and examples of deemed hours.

How do I pay my premiums while on an approved leave of absence?

Your employer will contact you to pay premiums by lump sum or equal monthly payments. The most common way to pay premiums is to provide your employer with post-dated cheques or to setup pre-authorized debits from your bank account. Discuss your payment options with your employer before your leave begins.

What do I need to do prior to my leave of absence?

Before you leave work on your approved leave of absence, you must provide your employer with payment for your basic life, dependent life, and AD&D premiums. You must fill out the *Leave of Absence - Disability*

and *Optional Group Life Continuation* form and return it to your employer to either continue or stop your disability and optional life insurance coverage. If you are continuing your disability and/or optional life insurance coverage, your completed form and premium payment arrangements must be made within **30 days** of your last day of work. After 30 days, you will not be eligible to continue disability and optional life insurance coverage.

What happens to my benefits when I come back to work?

Your employer will notify 3sHealth when you return to work. Your basic life, dependent life, and AD&D insurance, disability coverage, extended health care and dental benefits will be fully reinstated effective the first day you are back to active duty. Your level of benefit coverage will be the same as what you had before your leave began.

All other-than-full-time employees are measured on December 31st each year to determine their eligibility for benefits in the next calendar year. If you are other-than-full-time you will be measured on December 31st of the year you returned to work based on any hours you worked in the year plus any eligible deemed hours for the year. Deemed hours are granted from the first day of your leave of absence up to a maximum of 12 months. You may gain, lose or maintain your level of benefits as a result of the annual measure. See below for a further explanation of deemed hours.

If you chose to stop your optional life coverage while on leave, and you wish to reinstate your coverage when you are actively at work, you will be required to complete a medical questionnaire as application for coverage. Your application is subject to the approval of Canada Life.

How do Deemed Hours Work?

On December 31st each year, all other-than-full-time employees are measured to determine their eligibility for benefits in the next calendar year based on actual hours worked. You must work a minimum of 780 hours in the calendar year to be eligible for benefits. When you are on an approved leave of absence, you are not working. However, your employer will submit the hours that you would have worked had you been there. This is called deemed hours. Deemed hours are calculated from the first day of your leave of absence. Deemed hours may be granted for up to 12 months. If you are taking a leave of absence that is less than 12 months deemed hours will be equal to the length of your leave. If you are taking a leave of absence greater than 12 months, deemed hours will only be granted for the first 12 months of your leave. You should discuss deemed hours with your employer before your leave begins. This will help you understand any impact your leave of absence could have on your benefit coverage following your return to work. Here are 2 examples of deemed hours:

1. Sally is taking an 8 month personal leave of absence beginning on January 1, 2020. She holds a permanent part-time position and usually works 3 days a week, 6 hours a day. When Sally returns to work on August 31, 2020 she will return to the same level of benefits she had before her leave began. On December 31, 2020 Sally will be measured based only on her actual hours worked in 2020 plus deemed hours for the 8 months of her leave of absence. The total of deemed hours plus actual hours worked will be used to determine Sally's benefit eligibility for 2021.
2. Sally is taking an 18 month maternity leave of absence beginning on January 1, 2019. She holds a permanent part-time position and usually works 3 days a week, 6 hours a day. When Sally

returns to work on June 1, 2020 she will return to the same level of benefits she had before her leave. On December 31, 2020 Sally will be measured based only on her actual hours worked in 2020. Deemed hours will not be applied because her deemed hours ended on December 31, 2019. The annual measure only looks at hours worked in the previous calendar year, in this case 2020, so only hours worked for the period of June 1, 2020 to December 31, 2020 will be used to determine Sally's benefit eligibility for 2021.

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	1	2	3	4	5	6	7	8	9	10	11	12
Annual Hours	D	D	D	D	D	D	D	D	D	D	D	D
2020	13	14	15	16	17	18	19	20	21	22	23	24
Annual Hours	0	0	0	0	0	W	W	W	W	W	W	W

D – Deemed hours 0 – No hours W – Worked Hours

What forms do I need and where can I get them?

You are required to fill out the *Leave of Absence - Disability and Optional Group Life Continuation* form. You can obtain the form from your employer or go to www.3shealth.ca.

Are there any time limits that I need to be aware of?

The fully completed Leave of Absence form and premium payments must be received by your employer within **30 days** of the start of your leave of absence to be eligible to continue optional life coverage and disability coverage. You will not be eligible to continue your optional life or disability coverage if the completed form and premium payments are not received within 30 days of the start of your approved leave of absence.

What happens to my benefits if I do not return to work after my leave of absence?

Your benefits continue during a leave of absence to a maximum of 18 months. If your leave of absence extends beyond 18 months, and you do not return to work immediately following your leave of absence, then your group life, disability, extended health care and dental coverage will terminate on the first day following 18 months.

There is no option to continue your disability and/or extended health care and dental coverage beyond 18 months if you do not return to work.

Your group life insurance remains in force for 31 days after the date your coverage terminates. During this 31 day period, subject to the benefit provisions of the 3sHealth Group Life Insurance contract with the insurer, you have the option to convert the amount of your basic life, dependent life and/or optional life insurance to an individual insurance policy with Canada Life. Application for the individual policy and the first premium payment must be made within this 31 day period. No exceptions to the 31 day application period will be granted. Other restrictions apply.

In order to convert your basic life, dependent life and/or optional life insurance to an individual policy you must consult with a financial security advisor. The advisor will ensure that you receive the professional advice necessary to make an informed decision.

The Group Life Conversion Option form must be completed as application for the conversion. The form is available at www.3shealth.ca. Please reference your Group Life Insurance Plan booklet, available at www.3shealth.ca for more information on your group life conversion option.

Who can I contact if I still have questions?

A 3sHealth Benefit Services Officer would be happy to help you! We are available from 8:00 a.m. to 4:30 p.m. Monday to Friday and can be reached by live chat from the 3sHealth website, by email at ebp@3sHealth.ca, or by calling toll free 1-866-278-2301.