

NPO Leave of Absence - Benefit Update Form

PLAN MEMBER INFORMATION

First Name:	Last Name:	Benefit ID/ Person ID:
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LEAVE OF ABSENCE (LOA) BEGINS Please complete and send in immediately after employee's LOA begins.

Leave type: <input type="checkbox"/> Maternity / Paternal / Adoption <input type="checkbox"/> Education <input type="checkbox"/> Disability <input type="checkbox"/> Layoff <input type="checkbox"/> WCB <input type="checkbox"/> Suspension <input type="checkbox"/> Strike/lockout <input type="checkbox"/> Illness <input type="checkbox"/> Other	
Date leave began: <small>mm/dd/yyyy</small> Note: If the leave is for disability or WCB, the date the leave began is the date following the last day worked.	Comments:
Expected return to work date: <small>mm/dd/yyyy</small> Note: any changes to this date must be reported to 3sHealth.	

In order for an employee to maintain 3sHealth Disability Income plan coverage and/or optional group life coverage during an approved unpaid leave, the plan member **must** complete the **Leave of Absence Form Disability Income Plan** and **Optional Group Life Coverage** within 30 days of the leave commencing. **The completed form must be forwarded to 3sHealth Benefits.**

Note: Basic Group Life Insurance coverage is mandatory to be continued for the maximum continuation period of the specific leave type (employee's cannot opt out during a leave). Applies to 3sHealth Disability Income Plan only, not to non3sHealth Disability.

Leave of Absence Form Disability Income Plan and Optional Group Life Coverage Form – to be completed within 30 days of the leave commencing.

- The employee **has** completed the form and premiums have been paid for their 3sHealth disability income plan and optional life premiums, including optional and voluntary AD&D life insurance (if applicable) for the duration of the leave **within** 30 days of the leave commencing. **Leave of Absence Form Disability Income Plan and Optional Group Life Coverage Form must be attached.**
- The employee **has not** completed or returned the form and has not submitted payment for their 3sHealth disability income plan and optional life premium for the duration of the leave **within** 30 days of the leave commencing. Disability Income Plan enrolment is to be expired and all Optional Group Life insurance is to be removed.

LEAVE OF ABSENCE (LOA) ENDS Please complete and send in immediately after employee's LOA ends.

Date leave ended: <small>mm/dd/yyyy</small>	Comments:
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EMPLOYER BENEFIT CONTACT

Employer Name:		
Benefit Contact Name:	Telephone Number:	Email:
Authorized Signature:	Date: <small>mm/dd/yyyy</small>	

3sHealth Employee Benefits is committed to protecting the privacy of your personal information. We collect and use your personal information to determine your eligibility for coverage and to administer the benefit plans. We limit access to your personal information in your confidential file to 3sHealth Employee Benefits staff, to any third party authorized by 3sHealth who requires it to administer your benefits, to persons to whom you have granted access, and to persons authorized by law.