

- Temporary work interruption
- Return to work

Group No.

Employer No.

Identification No.

1. INFORMATION ABOUT PARTICIPANT

Last name	First name	Date of birth (YYYY/MM/DD)
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No., street, apt.	City
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Province	Postal code	Main phone	Ext.	Phone (other)	Ext.
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2. TERMINATION OF PAYMENT

Please check appropriate box	Start of leave or event (YYYY/MM/DD)	Return to work (YYYY/MM/DD)
<input type="checkbox"/> Authorized leave ¹	_____	_____
<input type="checkbox"/> Adoption leave	_____	_____
<input type="checkbox"/> Compassionate leave	_____	_____
<input type="checkbox"/> Maternity leave	_____	_____
<input type="checkbox"/> Parental leave	_____	_____
<input type="checkbox"/> Paternity leave	_____	_____
<input type="checkbox"/> Dismissal	_____	_____
<input type="checkbox"/> Dismissal contested by grievance ²	_____	_____
<input type="checkbox"/> Disability	_____	_____
<input type="checkbox"/> Termination	_____	_____
<input type="checkbox"/> Temporary layoff ²	_____	_____
<input type="checkbox"/> Suspension ²	_____	_____
<input type="checkbox"/> Other (please specify): _____	_____	_____

Note 1: The participant may maintain coverage for all benefits. | **Note 2:** The participant may maintain coverage for all benefits except disability insurance.

3. PARTICIPANT'S DECLARATION (Complete only in the event of work interruption)

I hereby declare that I wish to:

- Maintain my group insurance benefits
- Cancel all group insurance benefits except the mandatory health insurance plan that includes prescription drug insurance

Signed at _____, on this _____ day of _____, 20_____

Signature _____

IMPORTANT: If neither of the boxes in this section is checked, or if this form is unsigned, the applicable terms and conditions are those set out in your reference document. To restore coverage under these benefits, the participant must return this form to the Insurer, completed and signed, during the first 31 days of absence. In such a case, premiums are payable as of the start date of absence.

4. SIGNATURE OF EMPLOYER'S REPRESENTATIVE

Signed at _____, on this _____ day of _____, 20_____

Signature _____

Telephone _____