



Maternity Leave/Paternity Leave Temporary Refusal of Benefits

The following form is to be used when an employee commencing Maternity or Paternity Leave chooses to refuse continuance of Group Insurance through her/his Maternity/Paternity Leave. This right of refusal can be exercised:

- For the entire term of a Maternity/Paternity Leave (refusal of part of the leave period is not permitted).
- **For all coverages where the employee currently pays any portion of the premium.**
- As long as application for refusal (this duly completed form) is received by Empire Life no later than 31 days after the commencement of the Maternity/Paternity Leave.

Employee Name:		Policy Number:	
Certificate Number:		Division Number:	
First Day of Maternity/Paternity Leave	____/____/____ dd mm yyyy	Last Day of Maternity/Paternity Leave	____/____/____ dd mm yyyy
Planned Return to Work Date:	____/____/____ dd mm yyyy		

Maternity/Paternity Leave; Refusal of Insurance.

In respect of refusal of any coverage under this Group Plan, I acknowledge that I have the right to continue my Group Insurance through the period of my Maternity/Paternity Leave, but have chosen to waive my right to continue these coverages through my Maternity/Paternity Leave.

My employer's Group Insurance Plan with The Empire Life Insurance Company and the insurance provided by this Plan have been fully explained to me.

I further acknowledge that I am forfeiting all my rights and privileges in respect of such insurance (as indicated below), **for the entire term of my Maternity/Paternity Leave.**

I understand that if I wish to rejoin the plan at a date **other than the Planned Return to Work Date** (as indicated above), I will be required to provide evidence of insurability at my own expense.

Waiver of Specific Coverages - You must waive ALL coverages for which you pay a premium.

- I waive my Basic Life Insurance for the entire term of my Maternity/Paternity Leave.
- I waive my Accidental Death & Dismemberment Insurance for the entire term of my Maternity/Paternity Leave.
- I waive my Dependant Life Insurance for the entire term of my Maternity/Paternity Leave.
- I waive my Weekly Indemnity Insurance for the entire term of my Maternity/Paternity Leave.
- I waive my Long Term Disability Insurance for the entire term of my Maternity/Paternity Leave.
- I waive my Extended Health Insurance for me and my dependants, if any, the entire term of my Maternity/Paternity Leave. (Residents of Quebec must continue EHB coverage which includes drug coverage in accordance with provincial legislation)
- I waive my Dental Insurance for me and my dependants, if any, the entire term of my Maternity/Paternity Leave.
- I waive my Optional Life Insurance for the entire term of my Maternity/Paternity Leave.
- I waive Spousal Optional Life Insurance for the entire term of my Maternity/Paternity Leave.

In respect of refusal of the coverages where I pay a portion of the premium, or all coverage under this group plan, I fully understand the rights to coverage I am forfeiting, as indicated above.

Employee's Signature: X _____ Date (dd/mmm/yy): _____