UBC EMPLOYEES SOCIETY 116 MLOA BENEFITS REQUEST FORM

Name:				
Address:				
Department:				
Telephone:	Cell:		Home:	
Email:	- Com.		riome.	
Employee ID:				
Start Date of Med	lical Leave:			
Are you off work on WCB?				
Are you off work I				
Can go on your partner/spouse's				
benefit plan?				
I request that the Society pay my basic standard benefits (Extended Health, EFAP, Basic Group Life and Disability benefit plan(IRP/LTD)), excluding Dental and Pension, up to a maximum of six months while I am off payroll on a medical leave of absence.				
IF I AM OFF WORK ON WCB OR ICBC, I AGREE TO REPAY THE AMOUNT OF BENEFITS PAID ON MY BEHALF TO THE SOCIETY WHEN MY CLAIM IS ACCEPTED.				
Signature			Date	
Approved: UBC Employees Society No. 116 (TO BE SIGNED BY SOCIETY IF APPROVED			Date	