

UBC EMPLOYEES SOCIETY 116
MLOA BENEFITS REQUEST FORM

Name: _____

Address: _____

Department: _____

Telephone: **Home:** _____ **Cell:** _____

Employee ID: _____

I request that the Society pay my basic standard benefits, except for 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.

I am off work on WCB:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I am off work on ICBC:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
I can go on my spouse's benefit plan:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signature

Date

Approved: UBC Employees Society No. 116