## UBC EMPLOYEES SOCIETY 116 MLOA BENEFITS REQUEST FORM

Name:			
Address:			
Department:			
Telephone:	Cell:		Home:
Email:			
Employee ID:			
Employee ID.			
Start Date of Medical Leave:			
Are you off work on WCB?			
,			
Are you off work ICBC?			
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), excluding Dental, Pension and Disability benefit plan(IRP/LTD), 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