



Benefit Coverage

while on Medical Leave of Absence from UBC Payroll

Effective APRIL 2025

Program Details

UBC Automatically enrolls employees in the pension, basic life insurance, disability benefits plan and employee and Family assistance plans because these benefits are mandatory and all eligible UBC employees must participate.

Eligibility:

- All continuing Full time Regular Employees
- All part time Regular Employees, on the first day of the month, following three (3) months of continuous service
- All auxiliary Employees who are eligible for Benefits according to Article 22.04 of the CUPE 116 Collective Agreement

Coverage:

Upon approval of this application, the following Sunlife Benefits will be paid by the UBC Employees' Society No. 116 (The Society) for six (6) months. The effective date will be the first date you are off payroll. This will be confirmed by workday

- Basic Group Life Insurance
- Disability Benefit Plan / Long Term Disability Plan
- Extended Health
- Employee and Family Assistance Program

The following benefits are **not covered** and are optional should you choose to pay for them, to do so please contact UBC Payroll.

- Pension Plan
- Dental Plan

Please be aware that

- The applicant may only use this program up to 6 months within one year
- These six months need not be consecutive within that year
- The applicant cannot reapply for a year after coverage ends
- In your workplace, you will be asked to coordinate with your manager any administrative documentation to facilitate this absence
- Should you have remaining sick time during your absence, please coordinate with your manager and or UBC Payroll the effective date of your coverage
- Start and end times of your participation in this program will be confirmed with Payroll through Workday entries



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Applicant Details please print

Please fill out the following details fully we may need to contact you via any of the following avenues. Our primary mode of contact will be via email.

Member Name: _____

Employee # & Department: _____ Department _____ Location _____

Email Address _____

Phone: _____

Home Address: _____

_____ Please update us should you move

First Day Off-Payroll (Workday Absence change) _____



Please Check if you have a Pending WorkSafe BC Claim.

IMPORTANT

This coverage **will not affect** the amount you will receive from WorkSafe BC

The Society Will Cover your Benefits while you are awaiting approval of your claim. Once approved, we will seek reimbursement from the employer for the duration of your waiting period only.

It is your responsibility to inform the Society on the approval date of your claim.

We will confirm if your benefit Coverage Application is WorkSafe related prior to approval

Date of WorkSafe Claim _____

Claim Number _____

Approval date of Claim _____

certify that all the information presented herein is accurate to the best of my knowledge.

Signature _____ Date _____

Society Use

Invoice by UBC PAYROLL

Approved by _____

Invoice # _____ DATE _____

Email Date _____

Invoice # _____ DATE _____

Please attach the confirmation email to CUPE116 & PAYROLL

Invoice # _____ DATE _____