



Benefit Coverage while on Medical Leave of Absence from UBC Payroll

Program Details

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 Sun Life Benefits will be paid by the UBC Employees' Society, No. 116 (The Society) for six (6) months. The effective date will be the first day after you have used up all of your banked sick time. This will be confirmed through 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.

- UBC Pension Plan
- Dental Plan

Please be aware that

- The applicant may only use this program up to six (6) months within one year.
- These six months need not be consecutive within that year.
- The applicant cannot reapply for one year after the 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

Employee name _____

Employee # _____ Department _____

Personal Email Address _____

Phone _____

Home address _____

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 _____

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

Signature _____ Date _____

Society Use

Invoiced by UBC PAYROLL

Approved By _____ Invoice # _____ DATE _____ \$ _____

Date _____ Invoice # _____ DATE _____ \$ _____

TOTAL COVERAGE \$ _____ Invoice # _____ DATE _____ \$ _____