UBC EMPLOYEES SOCIETY 116 MLOA BENEFITS REQUEST FORM

Name:				
Address:				
Department:				
Telephone:	Cell:		Но	me:
· Email:				
Employee ID:				
Start Date of Med	dical Leave:			
Are you off work of	on WCB2			
·				
Are you off work ICBC?				
Can go on your partner/spouse's benefit plan?				
I request that the Society pay my basic standard benefits (Medical, Extended Health, EFAP, IRP & Basic Group Life), 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 N (TO BE SIGNED BY SOCIETY IF APPR			Date	