



Medical Leave of Absence Application

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

The Society with this approved MLOA application will cover the following

- Extended Health @ \$145,
- Employee and Family Assistance Program @\$4
- Basic Life Insurance \$ 6.

The applicant may use this program up to 6 months within one year,
 The applicant cannot reapply for a year after an accepted application
 The applicant may split up the 6 months within a year.

The Society does not cover: Pension, Dental or Disability payments (also known as long-term disability insurance/Disability benefit plan/Income replacement plan)

Applicant Details

Employee Name _____

Employee # _____ DEPARTMENT _____

Email Address: _____

Phone: _____

Home Address: _____

Start Date Date of Medical Leave

I am off Work on due to a WCB claim? YES? Claim Number: _____

I am off Work on due to a ICBC claim? YES? Claim Number: _____

I can use my 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.

Date of Application: _____ Signature _____

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

For Society Use

Society member's Signature: _____ Date: _____

Email or drop off your application to: UBC Employee's Society No. 116, c/o CUPE Local 116
 #206-2389 Health Sciences Mall, Vancouver BC, V6T 1Z3
 cupe116@cup116.com.