

Public Service Group Insurance Fund
Election to Continue Group Insurance - Policy 330780/330785
During An Employer Approved Leave of Absence or Lay-Off

Personal Information – To be answered in full by employee, please print

Name of Employee _____
(Last Name) (Given Names in Full)

Employee Number _____ Certificate No./SIN _____ Date of Birth _____
YYYY MM DD

I hereby make application to continue my present insurance under the Insurance Plans for my period of leave/lay-off from

_____ to _____
Expected Start Date Expected Return Date

By signing this form, I agree to pay the necessary premiums and any accrued arrears required to maintain the insurance coverage in force during my approved leave of absence or lay-off.

1. Life

10.59¢ bi-weekly/\$1,000 of annual salary for each Class*

PLUS

2. Accidental Death and Disablement

1.58¢ bi-weekly/\$1,000 of annual salary to a maximum of \$25,000 for Class 1, \$50,000 for Class 2, and \$75,000 for Classes 3, 4, and 5.

3. Dependents

\$1.60 bi-weekly/Unit

Payment of premiums must be arranged with employer prior to leave. Insurance during an employer approved leave of absence/lay-off shall continue but cannot be extended beyond a 48 month period.

*subject to age reductions and maximum insurance of \$1,000,000

If I do not make a written election to either continue or waive my insurance premiums during my employer approved leave of absence or lay-off, I acknowledge that the insurance coverage will be deemed to have continued and I will be responsible for payment of the premiums and accrued arrears during the period of leave.

Signature of Insured Member

Date

Witness to the Above Signature

Date