



INTRODUCTION

This guide is designed to assist staff in Payroll, Human Resources and/or other areas responsible for the administration of the employee benefits listed below. Its purpose is to supplement the information already provided for employees on the Employee Benefits website <http://www.bcpublicservice.ca/benefits/>.

- Extended Health and Dental
- Medical Services Plan
- Group Life Insurance
- Optional Spouse and Dependent Group Life Insurance
- Group Aviation Insurance
- Deferred Salary Leave Plan
- Continuation of Benefits while on Leave of Absence or Layoff

Telus Sourcing Solutions BC administers your group plans. If you require further assistance, please contact the Benefits Service Centre at:

Phone: 1-877-277-0772
Email: BenefitsServiceCentre@gov.bc.ca
Website: <http://www.bcpublicservice.ca/benefits/>.

For assistance regarding employer participation or policy interpretation, please contact the Manager, Benefits Programs, BC Public Service Agency at 250-952-0272.

In the event of a conflict concerning the contents of this guide, the provisions of the collective agreements, the plan contracts and/or regulations will apply. The Administrator Guide has been prepared using everyday language to provide you with the details of the Employee Benefit Plan.

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PARTICIPATING EMPLOYERS
covered under the Public Service Benefit Plan Act

The following list of employers currently participate in one or more of the Public Service Benefit Plans. Telus Sourcing Solutions BC is contracted to provide benefits administration services.

Employer Group	Employer Group
• Government of British Columbia	• Constituency Assistants
• BC Excluded Employees Assoc. (as the employer)	• Deas Pacific Marine Inc.
• BC Ferry Services Inc.	• Emergency Health Services Commission
• BC Government and Service Employees' Union (as the employer)	• Employment Standards Tribunal
• BC Housing Management Commission	• First Peoples Cultural Council
• BC Innovation Council	• Forensic Psychiatric Institute
• BC Investment Management	• Fraser Marine Transportation Ltd (Albion Ferry Operations)
• BC Mental Health Society (Riverview) (Provincial Health Services Authority)	• Freshwater Fisheries Society of BC
• BC Oil and Gas Commission	• Islands Trust
• BC Pension Corporation	• Labour Relations Board
• BC Safety Authority	• Land and Water BC Inc.
• BC Securities Commission	• Land Titles and Survey Authority
• BC Treaty Commission	• Legislative Assembly
• BC Utilities Commission	• Liquor Distribution Branch
• Business Practices and Consumer Protection Authority	• Oak Bay Lodge Continuing Care Society
• Columbia Power Corporation	• Partnerships BC
• Community Living BC	• Police Complaints Commissioner

Benefit Administrator's Instructions

<ul style="list-style-type: none">Professional Employees Association (As the Employer)	<ul style="list-style-type: none">Tillicum & Veterans Care Society
<ul style="list-style-type: none">Provincial Capital Commission	<ul style="list-style-type: none">Union of Psychiatric Nurses (As the Employer)
<ul style="list-style-type: none">Public Sector Employers' Council	<ul style="list-style-type: none">Workers' Compensation Appeal Tribunal
<ul style="list-style-type: none">Royal BC Museum	

Remittance Instructions for participating employers in agreement to pay actual costs or a premium for each benefit, plus a 3% management fee on all cash flow, for the following benefits:

- Extended Health and Dental – A monthly billing including costs, administration fee and 3% management fee is forwarded to you from the BC Public Service Agency (BCPSA). A monthly enrollment report is forwarded to you from Pacific Blue Cross. Each month you will forward a cheque for the billing amount to BCPSA (**PAYABLE TO: THE MINISTER OF FINANCE**).
- Long Term Disability – LTD premiums are based on a percentage of gross salary. Please contact the Agency to determine your rate. This premium rate may be adjusted in the future based on claims experience. You should request a monthly report from your payroll services provider to calculate the amount owing (see attached sample). Each month, you will forward a cheque for LTD premiums (**PAYABLE TO: THE LONG TERM DISABILITY FUND**) and a separate cheque (**PAYABLE TO: THE MINISTER OF FINANCE**) for the 3% management fee for the LTD premiums along with a copy of your report, to BCPSA.
- Group Life Insurance – Premiums are to be deducted from the employee's salary monthly according to the cost-sharing agreement between the Employer and BCPSA. Request a monthly report from your payroll services provider for your group life premiums. Each month you will forward a cheque for the total group life premiums, plus the 3% management fee (**PAYABLE TO: THE MINISTER OF FINANCE**) along with a copy of the group life report, to BCPSA.

Sample reports are available from the Agency.

By the fifteenth of the month following the month for which deductions are made, a cheque for the total deductions plus copies of the report must be sent to BCPSA. For example, the premiums deducted in March should be received by BCPSA no later than April 15.

Benefit Administrator's Instructions

Retroactive premiums must be remitted immediately, where, through error, premiums HAVE NOT been collected for any period in respect of a covered employee.

If there is a retro increment or pay increase which increases the employee portion of the group life insurance premium, the pay office is NOT to go back and collect that amount. According to the contract with the Carrier, the date of the change of the factors is when the increase becomes effective. Factors change on actual date of pay changes.

- Employee and Family Assistance Program – You will receive an annual bill from the BCPSA.
- Group Aviation Insurance – You will receive an annual bill from the BCPSA.
- Deferred Salary Leave Program - Group Retirement Services will bill participating employers directly for the employer's portion of CPP contributions due for all participating employees upon full and partial withdrawals. (Please follow their remittance instructions.)

Remittances for benefit premiums are sent to:

**BC Public Service Agency
J. Kirker, Corporate Services
4th Floor, 810 Blanshard Street
PO Box 9404 STN PROV GOVT
Victoria BC V8W 9V1**

ENROLLMENT SYSTEMS ACCESS

Pacific Blue Cross

To obtain access to Blue Link for Extended Health & Dental enrollment please review the following website:

https://www.pbchbs.com/benefit_administrators/ba_access_req.html

MSP Access

To obtain access to administer MSP coverage for your Employer group please review the following website:

<https://www.healthservices.gov.bc.ca/exforms/msp/index.html#NewCompany>

GENERAL BENEFIT PLAN ELIGIBILITY

Depending on employee status, regular and auxiliary employees are eligible for various types of benefits under the Public Service Benefit Plan.

Upon commencement of regular status employment, or reaching the eligible auxiliary hours, an employee should be directed to the benefits website for application forms and instructions.

Employees' spouse and dependent children are eligible for coverage under some of the benefit plans as soon as the employee becomes eligible.

If an employee's spouse is also an employee covered under the Provincial Benefit Plans provided under *the Public Service Benefit Plan Act* only one employee may enroll in the extended health, dental and Medical Services plans.

See chart below.

Eligibility for BC Public Service Employee Benefits

The following table outlines which benefits are given to each designated employee group:

Employee Benefit	Regular	Auxiliary Completed 1827 hours worked in 33 pay periods	Auxiliary Worked 3 consecutive years without loss of seniority and maintained 1200 hours worked with the previous 26 pay periods	Auxiliary Worked less than 1827 hours; non-benefited employee
Medical Services Plan	X Eligible to apply immediately. Coverage begins the 1st of the month following regular status or upon application, whichever is later.	X Eligible to apply after reaching required hours. Coverage begins the 1st of the month following reaching the required hours or upon application, whichever is later.	X Eligible to apply after reaching required hours. Coverage begins the 1st of the month following reaching the required hours or upon application, whichever is later.	N/A
Extended Health and Dental	X Eligible to apply immediately. Coverage begins on the first day of the month after you complete six full calendar months of regular employment and register in the benefit plan or upon application, whichever is later.	X Eligible to apply after reaching required hours. Coverage begins the 1st of the month following reaching the required hours or upon application, whichever is later.	X Eligible to apply after reaching required hours. Coverage begins the 1st of the month following reaching the required hours or upon application, whichever is later.	N/A
Weekly Indemnity Plan	N/A	N/A	N/A	X
Short Term Illness and Injury	X	X	N/A	N/A
Long Term Disability	X	N/A	N/A	N/A
Employment Insurance	X	X	X	X
Workers' Compensation	X	X	X	X
Group Life Insurance	X Starts immediately	X Starts immediately upon reaching required hours.	X Starts immediately upon reaching required hours.	N/A
Optional Spouse and Dependent Coverage	X Eligible to apply immediately. There is a 90 day window of eligibility from regular employment	X Eligible to apply after reaching required hours. There is a 90 day window of eligibility from	X Eligible to apply after reaching required hours. There is a 90 day window of eligibility from	N/A

	start date or when you acquired first dependent.	reaching the required hours or when you acquired first dependent.	reaching the required hours or when you acquired first dependent.	
Group Aviation Insurance	X	X	X	X
Retirement Allowance	X Employees who have completed 20 years of service with the BC government and who under the provisions of the Public Service Pension Plan Rules, are entitled to receive a pension benefit on retirement	N/A	N/A	N/A
Canada Pension Plan	X	X	X	X
Public Service Pension	X	X ½ year's maximum pensionable earnings (mandatory) or 2 years continuous service (optional)	X ½ year's maximum pensionable earnings (mandatory) or 2 years continuous service (optional)	X ½ year's maximum pensionable earnings (mandatory) or 2 years continuous service (optional)
Employee and Family Assistance Program	X	X	X	N/A
Deferred Salary Leave Program	X Eligible to apply following two years of regular employment.	N/A	N/A	N/A
Payroll Savings Program	X	X	X	X
Registered Retirement Savings Plan (RRSP)	X	X	X	X

An auxiliary employee who has worked 1827 hours over a period of 33 pay periods (as per contract) or worked 1200 hours as an auxiliary, in the last three consecutive years, without loss of seniority, is covered under the benefit plans. For further details regarding eligibility, please refer to the applicable collective agreement at <http://www.bcpublicservice.ca/labour/TOC.htm>.

BCGEU - See Article 31 http://www.bcpublicservice.ca/labour/BCGEU/Master/pdfFiles/14th_BCGEU_Master.pdf

PEA – See Article 35 http://www.bcpublicservice.ca/labour/BCGEU/Master/pdfFiles/13th_PEA.pdf

BCNU /UPN – See Article 25 http://www.bcpublicservice.ca/labour/BCGEU/Master/pdfFiles/12th_Nurse_WEB.pdf

New Employee Enrollment

For the New Employee Enrollment package, see the Benefits Website at:
http://www.bcpublicservice.ca/benefits/work_life/new_employee.htm

Employees not registering under the Extended Health Care and Dental Plan, and/or the Basic Medical Plan when eligible, may register under these plans at a later date. Coverage will commence the first of the month following application.

Enrollment – Disputes

If an employee is not given the opportunity to enroll at the completion of the qualifying period due to administrative error, enrolment should be handled in the following manner;

- Coverage will be backdated to the correct effective date, i.e. the first of the month following the completion of the required hours.
- Auxiliary health and welfare allowances should be adjusted retroactively to the correct effective date.
- If MSP is backdated, the taxable portion will be collected retroactively to the effective date.
- Group Life premiums in arrears are to be deducted from the employee's cheque. The amount will be equivalent to the amount the employee would have paid had he/she been participating in the Plan from the correct effective date.

When an employee is no longer eligible

For information, please see:
http://www.bcpublicservice.ca/benefits/work_life/coverage_ends.htm

Also refer to the applicable collective agreement.

TRANSFERS BETWEEN EMPLOYER GROUPS AND/OR EMPLOYMENT STATUS

• Inter-ministry/Interagency Transfer

When an **employee who has already qualified for the benefit plans** moves to another employer who is also part of the benefit plans falling under the Public Service Benefit Plan Act, coverage will continue for any benefits the employee is currently

enrolled in (but may be required to change group numbers (administrative process)). There will be no re-qualification period required for enrolment in any of the benefit plans where the employee has already qualified for the plan.

Change of Employment Status

When a regular employee becomes an auxiliary employee, benefit coverage ceases on the date of the employment status change (depends on employment status according to CHIPS or as agreed to in the offer letter, ie workforce adjustment arrangements).

When an auxiliary employee attains regular status, benefit coverage will continue in effect:

- where the auxiliary employee has already qualified for this plan; or
- the earlier of the first of the month following the month in which the auxiliary employee would have been eligible for this plan if the auxiliary employee had remained an auxiliary employee (only within same ministry/organization); or
- the date the auxiliary employee would become eligible as a regular employee in accordance with the plan provisions.

- **Change in status due to Long Term Disability**

When an employee qualifies for **Long Term Disability**, benefit coverage will continue in effect. The Benefits Service Centre must be notified by the Disability Management Program to transfer coverage to the appropriate group plans.

- **Change in status due to Workforce Adjustment**

When a change to employee status results from **Workforce Adjustment**, the Benefits Service Centre must be notified regarding benefits continuation or cancellation.

- **Change in status due to Temporary Assignment**

When an employee's position transfers between bargaining unit and excluded positions due to a **Temporary Assignment**, the entry into the CHIPS system will result in a group transfer for the Extended Health and Dental Plan, and Medical Services Plan. Other participating employers not on CHIPS must notify the Benefits Service Centre.

MEDICAL SERVICES PLAN

ENROLLMENT

Upon commencement of regular status employment, or reaching the eligible auxiliary hours, an employee should be directed to the benefits website for application forms and instructions.

Employment eligibility does not automatically qualify an employee for eligibility in the Medical Services Plan. If the employee is new to the Province, a three month residency requirement must be met and documentation submitted prior to enrollment.

The Application for Group Enrollment form must be used to enroll, and the Group Change Form must be used to add or delete a dependent or spouse, or to change an employee's information, i.e.: name or address.

The Application for Group Enrollment for the basic Medical Services Plan, is different from the Enrollment/Change/Termination form for the Extended Health Care and Dental Plan therefore the employee is responsible for completing **both** forms.

It is the employee's responsibility to:

- Complete the application form (including signature, declaration and date). Forms received without a signature will be returned to the employee.
- Attach required documentation;
- Keep a copy for their own records; and
- Forward the form to the appropriate office (TSS or other office as directed by other participating employers).

Note: If the Application for Group Enrollment or the Group Change form is sent directly to Medical Services Plan (without the Employer/Association authorization) it will be returned to the Benefits Service Centre or participating employer. MSP does not process forms that have not been authorized by the employer or Benefits Service Centre.

It is the Employer's responsibility to:

- advise your employees where to route the forms
- process according to policy
- set up payroll taxable deduction (NOTE: if there is a residency requirement, contact Benefits Service Centre or MSP to determine when employee is eligible for coverage.)

- Process the form upon receipt and verification of eligibility (effective the appropriate date) **or** forward to the Benefits Service Centre who will process the form upon receipt and verification of eligibility (effective the appropriate date), or to MSP, as appropriate.

An employee who has not completed and/or forwarded an Application for Group Enrollment form to the appropriate office by the date he/she would otherwise become eligible for coverage will not have coverage commence until the first day of the month following the month in which the application is received.

Retroactive coverage is provided only in cases where failure to register was not the fault of the employee, or an opportunity to register was not previously available.

If retroactive coverage is approved, the taxable deductions are to be recovered retroactively as well.

Benefit Service Centre has authority regarding special circumstances. If a request for backdating is more than three months, contact the Manager, Benefits Programs, BCPSA for review.

Breaks in Service

An employee may maintain coverage during a leave of absence or suspension without pay (where the employee is not pending termination) by paying the full benefit cost. The procedure is described in Continuation of Benefits While on Leave Without Pay.

Reinstate Coverage when:

- an employee returns from Leave of Absence – coverage effective the 1st of the month in which employee returns (process following the return), and ensure taxable deductions commence.
- an employee returns from auxiliary layoff – coverage effective the 1st of the month in which employee returns (process following the return) and ensure taxable deductions commence.
- a regular employee who resigns and is re-employed as a regular employee within 90 days, and has not withdrawn Public Service Pension Plan contributions – reinstate coverage effective the date of re-employment (process following the return) and ensure taxable deductions commence.

ADDING OR DELETING SPOUSE AND/OR DEPENDENTS

It is the employee's responsibility to:

- Ensure **only eligible** spouse and/or dependents are enrolled on the Plan;
- Ensure that a spouse and/or dependent is **removed from the Plan as soon as they are no longer eligible**;
- Complete the Change form (including signature, declaration and date). Forms received without a signature will be returned to the employee.
- Attach required documentation;
- Keep a copy for their own records; and
- Forward the form to the appropriate office (TSS or other office as directed by other participating employers)

Note : If the Application for Group Enrollment or the Group Change form is sent directly to Medical Services Plan (without the Employer/Association authorization) it will be returned to the Benefits Service Centre or participating employer. MSP does not process forms that have not been authorized by the employer or Benefits Service Centre

It is the Employer's responsibility to:

- advise your employees where to route the forms
- process according to policy
- adjust payroll taxable deduction (NOTE: if there is a residency requirement, contact Benefits Service Centre or MSP to determine when dependent is eligible for coverage.)
- forward to MSP or Benefits Service Centre as appropriate.
- Spouse and dependents must meet the criteria of the Plan http://www.bcpublicservice.ca/benefits/plan_details/eligibility.htm.
- Grandparents, parents and in-laws are not classified as dependents under the group Medical Services Plan.
- If dependent children are 19 to 24 years of age and in school full-time, the name of the school or university and date of enrolment must be listed on the form;
- If spouse is employed by the BC Government or participating employer, enter the spouse's Social Insurance Number (only one of the spouses can be registered as primary member and the other as a dependent);

- **dual coverage is not provided to two spouses or dependents covered under the Public Service Benefit Plan Act;**
- An employee claiming a legal ward must submit a copy of the court order establishing the employee or their spouse as legal guardian along with the application.

Address changes

When an employee is completing a form to change his/her address, make sure they include the postal code.

- An address change input through CHIPS will be copied to Medical Services Plan. A separate address change form is not required.
- Participating employers (whose applications are not processed by the Benefits Service Centre) need to input the address changes in the Medical Services Plan system or advise the Benefits Service Centre.

TRANSFERS BETWEEN EMPLOYER GROUPS AND/OR EMPLOYMENT STATUS

Inter-ministry/Interagency Transfer

When an employee covered by the group Medical Services Plan transfers from one eligible group to another eligible group within the participating Employers, coverage shall continue uninterrupted, however the employee will be transferred to a different group.

The pay office receiving this new employee must advise the Benefits Service Centre or MSP of the transfer and provide the following information in order that coverage continue uninterrupted:

- 1) Name (including full given names);
- 2) Personal Health Number (PHN);
- 3) Social Insurance Number;
- 4) Employee Number;
- 5) Previous Ministry or Employer;
- 6) Termination Date;
- 7) Receiving Ministry or Employer;
- 8) Start Date; and
- 9) Permanent Home Mailing Address, including Postal Code.

Transfer from Regular to Auxiliary Status

Medical Services Plan coverage will be terminated at the end of the month in which an employee transfers from regular to auxiliary status. (Depends on the employment status entered into CHIPS or as noted on employment letter. A variety of circumstances may arise from Workforce Adjustment.)

Service in the regular status position cannot be counted toward the 1827 hours worked in a 33 bi-weekly period(s) (or 1200 hours in the last 26 pay periods where the employee has worked three consecutive years as an auxiliary without loss of seniority - BCGEU only) required for an auxiliary K status position, except as may be provided by employer directive or collective agreement. (see Nurses' Agreement Section 29.14, and Apprentices under ETO Component Agreement Section 15 for exceptions).

Transfer from Auxiliary to Regular Status

The date of eligibility for coverage will be the first of the month following attaining regular status and upon receipt of a completed application form. If the auxiliary employee had previously qualified for and enrolled for MSP, they are eligible for continued uninterrupted coverage. Ensure that an entry is not made in CHIPS to terminate coverage. If you are unsure, contact the Benefits Service Centre or MSP to ensure coverage is reinstated if necessary.

- **Change in status due to Long Term Disability**

When an employee qualifies for **Long Term Disability**, benefit coverage will continue in effect. The Benefits Service Centre must be notified by the Disability Management Program to transfer coverage to the appropriate group.

- **Change in status due to Workforce Adjustment**

When a change to employee status results from **Workforce Adjustment**, the Benefits Service Centre must be notified regarding benefits continuation or cancellation.

- **Change in status due to Temporary Assignment**

When an employee's position transfers between bargaining unit and excluded positions due to a **Temporary Assignment**, the entry into the CHIPS system will result in a group transfer for the Extended Health and Dental Plan, and Medical Services Plan. Other participating employers not on CHIPS must notify the Benefits Service Centre.

EXTENDED HEALTH AND DENTAL

ENROLLMENT

Upon commencement of regular status employment, or reaching the eligible auxiliary hours, an employee should be directed to the benefits website for application forms and instructions.

The Enrollment/Change/Termination form for the Extended Health Care and Dental Plan is different from the application form completed for the basic Medical Services Plan, therefore the employee is responsible for completing **both** forms.

The Enrollment/Change/Termination forms should be used to enroll, add or delete a dependent or spouse, or to change an employee's information ie: name or address.

It is the employee's responsibility to:

- Complete the application form (including signature, certification and date). Forms received without a signature will be returned to the employee.
- Keep a copy for their own records; and
- Forward the form to the appropriate office (TSS or other office as directed by other participating employers)

Note 1: The extended health and dental plans are indivisible, an employee cannot elect to be covered under one only. (An exception can be made regarding spousal enrollment. If a spouse is employed under a Collective Agreement which prohibits them from having dual enrollment, ie: Nurses , we will allow the spouse to be enrolled only on extended health.)

Note 2: If the Enrollment/Change/Termination form is sent directly to the Plan Carrier it will be returned to the Benefits Service Centre. The Plan Carrier does not process forms that have not been authorized by the employer or Benefits Service Centre.

It is the Employer's responsibility to:

- advise your employees where to route the forms
- process according to policy.

Forms can be processed future dated. (Do not hold the form in your office during the six-month waiting period.) Process the form upon receipt and verification of eligibility (effective the appropriate date) **or** forward to the Benefits Service Centre who will process the form upon receipt and verification of eligibility (effective the appropriate date).

An employee who has not completed and/or forwarded an Enrollment/Change/Termination form to the Benefits Service Centre (or appropriate office) by the date he/she would otherwise become eligible for coverage will not have coverage commence until the first day of the month following the month in which the application is received by the Benefits Service Centre.

Retroactive coverage is provided only in cases where failure to register was not the fault of the employee, or an opportunity to register was not previously available.

Benefit Service Centre has authority regarding special circumstances. If a request for backdating is more than three months, contact the Manager, Benefits Programs, BCPSA for review.

Breaks in Service

An employee may maintain coverage during a leave of absence or suspension without pay (where the employee is not pending termination) by paying the full benefit cost. The procedure is described in Continuation of Benefits While on Leave Without Pay.

Reinstate Coverage when:

- an employee returns from Leave of Absence – coverage effective the 1st of the month in which employee returns (process **following** the return)
- an employee returns from auxiliary layoff – coverage effective the 1st of the month in which employee returns (process **following** the return)
- a regular employee who resigns and is re-employed as a regular employee within 90 days, and has not withdrawn Public Service Pension Plan contributions - coverage effective the date of re-employment (process **following** the return).

ADDING OR DELETING SPOUSE AND/OR Dependents

It is the employee's responsibility to:

- Ensure **only eligible** spouse and/or dependents are enrolled on the Plan;
- Ensure that a spouse and/or dependent is **removed from the Plan as soon as they are no longer eligible**;
- Complete the application form (including signature, certification and date). Forms received without a signature will be returned to the employee.
- Keep a copy for their own records; and

- Forward the form to the appropriate office (TSS or other office as directed by other participating employers)

It is the Employer's responsibility to:

- advise your employees where to route the forms
- process according to policy.
- Spouse and dependents must meet the criteria of the Plan http://www.bcpublicservice.ca/benefits/plan_details/eligibility.htm.
- Grandparents, parents and in-laws are not classified as dependents under the Extended Health and Dental Plan.
- If dependent children are 19 to 24 years of age and in school full-time, the name of the school or university and date of enrolment must be listed on the form;
- If spouse is employed by the BC Government or participating employer, enter the spouse's Social Insurance Number (only one of the spouses can be registered as primary member and the other as a dependent); **dual coverage is not provided to two spouses or dependents covered under the Public Service Benefit Plan Act;**
- An employee claiming a legal ward must submit a copy of the court order establishing the employee or their spouse as legal guardian with the application.
- If a dependent over 19 is disabled, the Enrollment/Change Termination form will be forwarded to Pacific Blue Cross. PBC will contact the employee regarding the documentation required for the dependent to be eligible for continued coverage as a dependent. PBC will review the documentation upon receipt and approve or decline the "Handicapped/Disabled" designation.

Address changes

When an employee is completing a form to change his/her address, make sure they include the postal code.

- An address change input through CHIPS will be copied to Pacific Blue Cross. A separate address change form for Pacific Blue Cross is not required.
- Please note permanent address changes are NOT taken from Extended Health Claim forms.
- Participating employers (whose applications are not processed by the Benefits Service Centre) need to input the address changes in the PBC system or advise the Benefits Service Centre.

TRANSFERS BETWEEN EMPLOYER GROUPS AND/OR EMPLOYMENT STATUS

Inter-ministry/Interagency Transfers

When an employee covered by the Extended Health and Dental Plans transfers from one eligible group to another eligible group within the participating Employers, coverage shall continue uninterrupted.

The pay office receiving this new employee must advise the Benefits Service Centre of the transfer and provide the following information in order that coverage continue uninterrupted:

- Name (including full given names);
- Social Insurance Number;
- Employee Number;
- Previous Ministry or Employer;
- Termination Date;
- Receiving Ministry or Employer;
- Start Date; and
- Permanent Home Mailing Address, including Postal Code.

Transfers before Completion of Six Months Service

Regular employees who have not completed six months of service can continue to clock time for benefits if the transfer is from a participating employer to another participating employer and from a regular position to a regular position.

This does not apply to auxiliary employees who have not yet reached 1827 hours in a 33 bi-weekly period(s) (or 1200 hours in the last 26 pay periods where the employee has worked three consecutive years as an auxiliary without loss of seniority - BCGEU only).

Transfer from Regular to Auxiliary Status

Extended Health and Dental coverage will be terminated at the end of the month in which an employee transfers from regular to auxiliary status. (Depends on the employment status entered into CHIPS or as noted on employment letter. A variety of circumstances may arise from Workforce Adjustment.)

Service in the regular status position cannot be counted toward the 1827 hours worked in a 33 bi-weekly period(s) (or 1200 hours in the last 26 pay periods where the employee has worked three consecutive years as an auxiliary without loss of seniority - BCGEU only) required for an auxiliary K status position, except as may be provided by employer directive or collective agreement. (see Nurses' Agreement Section 29.14, and Apprentices under ETO Component Agreement Section 15 for exceptions).

Transfer from Auxiliary to Regular Status

The date of eligibility for coverage will be the earlier of the six month waiting period or the date on which the employee would have been eligible if he/she had remained an auxiliary employee.

If transferring to a different Ministry as a regular employee, the employee loses their auxiliary hours and must wait the six months.

- **Change in status due to Long Term Disability**

When an employee qualifies for **Long Term Disability**, benefit coverage will continue in effect. The Benefits Service Centre must be notified by the Disability Management Program to transfer coverage to the appropriate group plans.

- **Change in status due to Workforce Adjustment**

When a change to employee status results from **Workforce Adjustment**, the Benefits Service Centre must be notified regarding benefits continuation or cancellation.

- **Change in status due to Temporary Assignment**

When an employee's position transfers between bargaining unit and excluded positions due to a **Temporary Assignment**, the entry into the CHIPS system will result in a group transfer for the Extended Health and Dental Plan, and Medical Services Plan. Other participating employers not on CHIPS must notify the Benefits Service Centre.

MAXIMUM BENEFIT

The plan Carrier shall not reimburse covered expenses in excess of \$100,000 (lifetime limit) for any covered person. The maximum may be reinstated following payment for a serious illness if the person can supply satisfactory evidence of insurability to the Plan Carrier to show that recovery is complete and the person's health is good.

The maximum benefit for British Columbia Ferry Corporation is \$40,000.00.

DEATH OF AN EMPLOYEE, SPOUSE OR DEPENDENT

- Processing Guide

<http://www.bcpublicservice.ca/down/deathinservice.pdf>

GROUP LIFE INSURANCE PLAN POLICY 6878 GL (4)

ENROLLMENT

Group Life coverage is mandatory for all eligible employees. Employees who elected not to participate when the Group Life Plan first became available to their employer (1974) have forfeited the right to participate unless they terminate or retire and are subsequently rehired, or changes are made to collective agreements or terms and conditions of employment.

Designating A Beneficiary(s)

It is the employee's responsibility to:

- complete a Beneficiary Designation Form in order to designate a beneficiary or beneficiaries.
- forward the original form to the appropriate office (TSS or other office as directed by other participating employers).

Notes:

- If there is no beneficiary designation filed with the Benefits Service Centre, in the event of a claim, the benefit will be paid to an employee's estate.
- If the estate is designated by the employee or by default, no funeral advance can be processed.
- If the employee is nominating more than three beneficiaries, please call or email the Benefits Service Centre to request an Additional Beneficiaries Form (1-877-277-0772).

It is the Employer's responsibility to:

- Advise your employees how to obtain a form, and where to route the form (TSS or other office as directed by other participating employers).

The form is available at http://www.bcpublicservice.ca/Group_Life/gl_form.pdf.

Ensure that employees complete original forms only so each form has a unique numeric identifier. When printing forms from the BC PUBLIC SERVICE AGENCY Intranet site (above), please press the refresh button in your browser between each form you print so the system assigns a new number to each form.

Ensure the employee has completed all applicable sections of the form without using white out or other form of error correction. The hand printed characters should be one per box without touching the sides of the box.

If the form is missing information, it will be returned indicating the problem or missing information..

- Set up payroll deductions and taxable benefits;
- Forward the original form to TSS Benefits Service Centre.

COVERAGE

General Public Service Employees

In accordance with the applicable collective agreement or Terms and Conditions of Employment, eligible full time or part time employees are covered for an amount equal to THREE times annual salary rounded to the next higher \$1,000 (unless the amount is already an exact multiple of \$1,000) unless otherwise specified below.

The minimum amount of coverage for any employee is \$80,000 (unless otherwise specified below).

Pensioner Returning to Active Employment:

A pensioner under the Pension (Public Service) Act who returns to active employment:

- will not be enrolled in group life if still covered under group life as a pensioner
- must be enrolled in group life if not covered under group life as a pensioner

Coverage for bargaining unit employees of the BC Ferry Corporation:

In accordance with the applicable collective agreement, eligible full time employees are covered for an amount equal to THREE times annual salary rounded to the next higher \$1,000 (unless the amount is already an exact multiple of \$1000) minimum coverage of \$65,000.

A part time employee receives the minimum coverage of \$65,000.

Coverage for Nurses bargaining unit employees:

There are two options for group life coverage for the following:

- employees of the Union of Psychiatric Nurses and BC Nurses' Union; and
- employees of the Government of the Province of British Columbia represented by the Union of Psychiatric Nurses and the British Columbia Nurses' Union:

1. For those regular employees hired ON OR AFTER MAY 1, 1990, and any auxiliary who qualifies for group life coverage on or after this date will receive benefits equivalent to three times their annual salary with an employer paid

minimum coverage of \$80,000. The employee pays the premium for any insurance over \$80,000.

Enrollment in group life is now compulsory for all nurses. Those who opted out in 1977 are placed under this option.

2. For those employees enrolled in the Group Life Plan PRIOR TO MAY 1, 1990 there are two options:
 1. An employee in this group may opt for Option 1 above at any time. However, such an election once made is irreversible.

Election Form: <http://www.bcpublicservice.ca/forms/pdfs/gl04fill.pdf>

This form is to be completed ONLY by eligible employees with a minimum employer paid coverage of \$40,000, who were covered by the Group Life Insurance Plan on April 30, 1990, and who wish to change to the current minimum employer paid coverage.

Such employees include regular and qualified auxiliary employees of the Government of the Province of British Columbia, BC Mental Health Society, Tillicum and Veterans' Care Society - Lodge at Broadmead, and Oak Bay Lodge Society represented by the Union of Psychiatric Nurses and BC Nurses' Union only.

By making this change the "Death-in-service" gratuity will no longer apply in the event of the employee's death.

2. For those regular employees hired prior to MAY 1, 1990, and who did not elect group life coverage benefits outlined under (1) above, are eligible for coverage equivalent to two times their annual salary with an employer paid minimum coverage of \$40,000. The employee pays the premium for any insurance over \$40,000. **Plus they are eligible for a Death-In-Service gratuity** (pursuant to Article 27.20 of the 12th BCNU Agreement or a subsequent applicable Article and/or Agreement).

See <http://www.bcpublicservice.ca/labour/TOC.htm>;

Death-In-Service Gratuity

- For each year of continuous service in the public service the employee's benefit is equal to one months salary up to a maximum of six months salary.
- Payable only to a spouse or eligible dependent. Not payable to any other beneficiary or to the estate. (**NOTE:** Where there are no eligible dependents, this benefit is not payable.)

Benefit Calculation

The group life insurance coverage is calculated using the salary at date of death.

1. Annual earnings for benefit calculations are the employee's basic annualized earnings from employment, including salary protection including classification and market adjustment factors. Overtime, allowances, bonuses or any other add to pay are not included.
2. The annual salary is an amount equal to the biweekly salary multiplied by 26.0893.

Effect of salary changes on coverage

For employees who are actively at work, changes in Insurance coverage which are due to changes in earnings take effect as they occur.

For employees who are not "actively at work" due to illness or injury, changes in insurance due to changes in earnings will take effect as they occur during the benefit period under the Weekly Indemnity or Short Term Illness and Injury Plan.

For employees who are receiving Long Term Disability benefits, changes in insurance due to changes in earnings that occur during the Long Term Disability benefit period are subject to the "actively at work" requirement.

For employees not "actively at work" for any other reason, changes in insurance due to changes in earnings which occur during the absence period are subject to the "actively at work" provisions.

Actively at Work

To satisfy this requirement, an employee must:

- be fully capable of performing his regular duties; and be either:
 - actually working at the employer's place of business or place where the employer's business requires him to work; or
 - absent due to vacation, weekends, statutory holidays, or shift variances.

Optional Spouse and Dependent Coverage

Upon receipt of an approved application, an eligible spouse is covered for \$10,000, and each eligible dependent is covered for \$5000 (except as otherwise specified below). [\(See dependent criteria to determine if your spouse/dependent is eligible under the plan\).](#) The beneficiary of this coverage is the employee.

Coverage for an eligible spouse and dependents for Provincial Court Judges and Masters, bargaining unit employees of BC Ferry Corporation, and employees of Deas Marine Pacific are \$8,000 and \$4,000 respectively.

If death of an eligible spouse or dependent occurred on or before April 13, 2006, the benefit is \$8,000 per spouse, \$4,000 per dependent (except as specified below).

If death of an eligible spouse or dependent of a Queen's Printer employee occurred on or before July 8, 2006, the benefit is \$8,000 per spouse, \$4,000 per dependent.

It is the employee's responsibility to:

- complete an Optional Spouse and Dependent Group Life Insurance Election Form .
- forward the original form to the appropriate office (TSS or other office as directed by other participating employers).
- **Notes:**
- If there is no approved Optional Spouse and Dependent Group Life Insurance Election Form filed with the Benefits Service Centre, in the event of a claim, the benefit will NOT be paid.
- **The application must meet approval criteria for the coverage to be in effect and, in the event of a claim, to be paid.**

It is the Employer's responsibility to:

- Advise your employees how to obtain a form, and where to route the form (TSS or other office as directed by other participating employers).

The form is available at <http://www.bcpublicservice.ca/forms/pdfs/bcpsa41fill.pdf>.

Ensure that employees complete original forms only.

Ensure the employee has completed all applicable sections of the form without using white out or other form of error correction. The hand printed characters should be one per box without touching the sides of the box.

If the form is missing information, it will be returned indicating the problem or missing information..

- Complete Parts C and D.
- Forward the original form to TSS Benefits Service Centre

The Benefits Service Centre will advise the employee directly if further information is required in order to proceed with the application.

- Set up payroll deductions and taxable benefits **only upon acceptance/approval by the Benefits Service Centre**

Terminal Illness Advance Payment

An advance payment of up to \$50,000 or 50 percent of the group life insurance, whichever is less, is available to eligible employees (unless otherwise specified below).

An advance payment of up to \$40,000 or 50 percent of the group life insurance, whichever is less, is available to eligible Provincial Court Judges and Masters, bargaining unit employees of BC Ferry Corporation, and employees of Deas Marine Pacific.

To be eligible for the advance payment, the employee must be suffering from a terminal illness with a life expectancy of 24 months or less (unless otherwise specified below).

To be eligible for the advance payment, the eligible Provincial Court Judges and Masters, bargaining unit employees of BC Ferry Corporation, and employees of Deas Marine Pacific must be suffering from a terminal illness with a life expectancy of 12 months or less.

To assist an employee implement a request for this provision, contact the Benefits Service Centre. The request for application should include:

- The employee's full name
- Social insurance number
- Current address
- Telephone number
- Last day worked
- Work status

The Benefits Service Centre will work directly with the employee if possible, or with a person acting on behalf of the employee, in order to proceed with the application.

Accidental Dismemberment and Loss of Sight Benefits

The Group Life insurance policy includes an accidental dismemberment clause that provides for the principal sum (as per the Group Life policy) for:

- loss of both hands or feet; or
- loss of sight of both eyes; or
- loss of one hand and one foot; or
- loss of one hand or one foot and sight of one eye.

The policy also provides for one-half the principal sum for:

- loss of one hand or one foot; or
- loss of sight of one eye;

If benefits are paid to an employee because of an accidental dismemberment or loss of sight benefit claim, and the employee dies as a result of that injury, the payment to the beneficiary will be reduced by the benefit payment the beneficiary received before the death.

The employee would implement a claim for accidental dismemberment or loss of sight in writing to Benefits Service Centre. Benefits Service Centre will contact the employee directly regarding forms and requirements to proceed with the claim.

For More information including Exemptions and limitations for payment of the Accidental Dismemberment and Loss of Sight Benefit go to http://www.bcpublicservice.ca/benefits/plan_details/life.htm#BenefitsofthePlan.

Ending Coverage

When an employee is no longer eligible please see:

http://www.bcpublicservice.ca/benefits/work_life/coverage_ends.htm.

Also refer to the applicable collective agreement.

An employee terminating or reaching age 65 has the option to convert to an individual insurance policy. Please review the procedures on the website above or contact the Benefits Service Centre for more information.

DEATH CLAIMS PROCEDURES

Please see the Death-in Service Guide on our website at

<http://www.bcpublicservice.ca/down/deathinservice.pdf>.

It is the responsibility of the employing ministry or employer to notify the Benefits Service Centre of the death of an employee or covered dependent. Notification **MUST** be in writing on a "Certification of Death" form in the case of an employee and a Certification of Death form for spouse/dependent purpose.

Please do not provide the family or anyone inquiring about the group life coverage with either the amount of the coverage or the beneficiary of the proceeds. The formal record and calculation will be provided by the Benefits Service Centre to the designated beneficiary.

Please provide the deceased employee's last known home address. **If the deceased was a Nurse**, complete the section titled "Name and Address of Person Handling Estate" on the Certification of Death Form.

Upon receipt of a completed Certification of Death form, the beneficiary will be contacted directly by the Benefits Service Centre. A letter, instruction sheet and claim form will be sent by mail to the named beneficiary or executor.

GROUP AVIATION ACCIDENT INSURANCE

The **Group Aviation Accident Insurance** plan is designed to cover all employees while traveling by aircraft on government business. This insurance is provided in addition to group life coverage where applicable.

Benefits of the Plan

The insurance provides protection for an **employee while travelling by air on the employer's business**, including limited ground travel to and from the airport.

Who is Eligible

The plan covers all employees of the Government of British Columbia and participating employers, and is available to all active employees, regardless of age.

Amount of Coverage

	Group 1	Group 2	Group 3
Loss of Life	\$200,000	\$125,000	\$75,000
Dismemberment or Loss of Sight	\$200,000	\$125,000	\$75,000
Permanent or Totally Disability	\$200,000	\$125,000	\$75,000
Blanket Medical	\$2,500	\$2,500	\$2,500

The combined limit for all employees as a result of a single accident is \$10,000,000. For example, if a single accident involving several insured individuals occurred, the amount payable to each beneficiary would be reduced proportionately so that the total of the benefits payable is equal to \$10,000,000.

- Group 1 (a) — Premier, Cabinet Ministers, Attorney-General, Speaker of the House and the Premier's Executive Assistant.
- Group1 (b) — all employees whose maximum salary is equivalent to a position evaluated at level 9 or more under the management job evaluation plan. Includes deputy ministers, assistant deputy ministers and equivalents, Officers of the Legislature, Provincial Court Judges and Parliamentary Secretaries.
- Group 2 — all employees whose maximum salary is equivalent to a position evaluated between level 5 and level 9 under the management job evaluation

- plan. Includes Supernumerary Provincial Court Judges and Members of the Legislative Assembly.
- Group 3 — any employee not already included in either Group 1 or 2. This group also includes named individuals and groups such as volunteer forest fire fighters.

How to Enroll

No enrollment is necessary; you are automatically covered from your first day of employment.

Premiums

The employer pays the full premium for this benefit for all eligible employees.

Beneficiary

Any benefit payable under the policy will be paid to the beneficiary designated on file at the time of death, under the Group Life Insurance Plan.

If you are not covered by Group Life Insurance, or no designation has been made, the benefit will be paid to your estate.

Exceptions

The policy does not cover employees piloting an aircraft.

Ending Your Coverage

Coverage under the plan will end when your employment ends.

AIR TRAVEL STATISTICS

Air travel statistics are required to be reported annually to determine the premium cost for each participating employer. The cost of the coverage is fully paid for by the participating employer.

Air Travel statistics are required by May 10th for the previous fiscal year ending March 31st. BCPSA will contact participating employers as required.

Please see our website for further information:

http://www.bcpublisherservice.ca/benefits/plan_details/life.htm#GroupAviation.

CLAIM PROCEDURES

LOSS OF LIFE CLAIMS

The employing ministry or employer will notify the Benefits Service Centre if the death was related to air travel or ground travel to and from the airport. Notification in writing on the "Certification of Death" form provided for this purpose. This form will be used for both group life and air travel insurance claims.

Please provide the deceased employee's last known home address as it is required on the Air Travel Claim Report. Please include any newspaper or other reports dealing with the air travel accident and ensure you report if the employee was on the employer's business at the time of the accident.

Upon receipt of a completed Certificate of Death form, the beneficiary will be contacted directly by the Benefits Service Centre. A letter, instruction sheet, and claim form will be sent by mail to the named beneficiary or executor.

DISMEMBERMENT

Please provide the employee's home address, any newspaper or other reports dealing with the air travel accident and whether or not the employee was on the employer's business at the time of the accident.

DEFERRED SALARY LEAVE PLAN

Please review the Deferred Salary Leave Plan information on our Benefits website at: http://www.bcpublicservice.ca/benefits/plan_details/savings_deferred.htm .

INITIAL APPLICATION

The employee is responsible for:

- obtaining personal tax advice;
- completing the application form;
- obtaining the appropriate approvals for participation; and
- forwarding the form to the appropriate office - TSS Payroll or as directed for other participating employers .

TSS Payroll (or other office) is responsible for:

- auditing the form for accuracy/completeness. Please ensure the form stipulates the employee's investment option decision. The form must clearly indicate which type of account (or combination and the percentage of each) in which the deferred salary is to be invested before an account can be opened by the trust company.
- setting up Payroll deductions; and
- forwarding the original application directly to Group Retirement Services at the address on the form. (May be faxed, but original must be mailed). Copies remain on the employee's personnel and pay file.

PAYROLL DEDUCTION MADE IN ERROR

Payroll deductions made and forwarded to Group Retirement Services in error are not to be reversed through the payroll system. The funds have been deposited to the employee's personal trust account and will be paid out by Group Retirement Services.

CHANGE / CANCELLATION FORM

The employee may choose to change their contribution amount once each calendar year. The change form is used to adjust the deferral amount or scheduled leave dates, or to make changes to the employee information section or beneficiary, or to cancel participation.

The employee is responsible for

- completing the change/cancellation form;
- obtaining the appropriate approvals; and
- forwarding the form to the appropriate office - TSS Payroll or as directed for other participating employers .

NOTE: Re: CANCELLATION

Cancellations will be paid-out directly to the employee by Group Retirement Services. DO NOT REVERSE through the payroll system.

TSS Payroll (or other office) is responsible for:

- auditing the form for accuracy/completeness
- processing any required Payroll changes; and
- forwarding the original application directly to Group Retirement Services at the address on the form. (May be faxed, but original must be mailed). Copies remain on the employee's personnel and pay file.

PAYROLL DEDUCTION MADE IN ERROR

Payroll deductions made and forwarded to Group Retirement Services in error are not to be reversed through the payroll system. The funds have been deposited to the employee's personal trust account and will be paid out by Group Retirement Services.

NOTIFICATION OF LEAVE

The notification of leave form is completed by the employee and submitted to payroll three months prior to the start of the leave period. Arrangements to maintain coverage for other employee benefits should be made at this time by completing and processing the option to continue benefits form. Employee should refer to the Continuation of Benefits During a Leave of Absence section.

The employee is responsible for

- completing the Notification of Leave form;
- obtaining the appropriate approvals; and
- forwarding the form to the appropriate office - TSS Payroll or as directed for other participating employers ;
- completing the Option to Continue Benefits While on a Leave of Absence Form;
- forwarding the form to the appropriate office - TSS Payroll or as directed for other participating employers.

TSS Payroll (or other office) is responsible for:

- auditing the form for accuracy/completeness
- processing any required Payroll changes; and
- forwarding the original application directly to Group Retirement Services at the address on the form. (May be faxed, but original must be mailed). Copies remain on the employee's personnel and pay file.

DISBURSEMENT OPTIONS AND CHANGES (from Trust Account)

Disbursement of the employee funds may be by lump sum, monthly or other specified intervals of payment(s). The disbursement fees are currently:

\$1 for each direct deposit made on behalf of a participant;

\$2 plus postage for each cheque issued to a participant;

\$8 plus postage for a lump sum payment to a participant of the amount in the account of the participant; and

\$10 for withdrawal by a participant of the amount in the account of the participant prior to the commencement of the leave period for the participant.

These disbursement rates are subject to change.

LEAVE OF ABSENCE DURING DSLP CONTRIBUTION PERIOD

If an employee participating in the DSLP commences a leave of absence without pay (other than the scheduled deferred salary leave- ie: Extended Child Care Leave) the employee may choose to defer monthly contributions to the Deferred Salary Leave Program while on the leave until their return to work, at which time monthly contributions would recommence. NOTE: Regardless, your leave must begin by the end of the sixth year and be completed by the end of the seventh year from the date you began participating in the program.

RETURNING TO WORK

Group Retirement Services will issue a letter to the employee detailing the tax and CPP deductions processed during the leave period. This information needs to be forwarded to CHIPS to update the employee year-to-date payroll records.

ADVISE EMPLOYEE PRIOR TO LEAVE –CHECKLIST

Upon receipt of the Notification of Leave form, you should send the employee a letter regarding the following issues:

Confirm deductions (contributions to DSLP) cease on date .

(NOTE: ensure the final deduction is made in time to ensure it will be deposited to Group Retirement Services prior to the employee's withdrawal (Payment start date) as specified on Notification of Leave form).

Employee should contact Group Retirement Services directly to confirm withdrawal options etc and any questions regarding their account.

(NOTE: - Withdrawals are valued on the 1st & 15th of the month but the cheque or automatic deposits take 3 – 5 business days to process.) Ensure the employee is aware of this or inquires at GRS so they can plan accordingly.

-CPP and income tax are statutory deductions from all withdrawals.

(income tax is based on the total amount being withdrawn in a calendar year, NOT each withdrawal amount)

\$0 - \$5000	- 10%
\$5001 – \$15,000	- 20%
over \$15,001	- 30%

Employee to contact parking co-coordinator or bus pass coordinator to advise of leave & return.

Employee to complete Continuation of Benefits while on leave of absence form if they wish to do so. Advise employee that all benefits end at the end of the month in which leave commences. MSP is mandatory – either continue through Continuation of benefits.... Form & continue on group plan, or pay directly to MSP.

Employee should inquire regarding travel insurance if traveling outside the province and/or country.

If they are leaving the country please refer them to the Health Insurance Plan of BC website: <http://www.healthservices.gov.bc.ca/msp/infoben/leavingbc.html>.

Confirm return date and arrangements.

Upon return to work, employee can contact BC Pension Corporation regarding purchase of service options.

CONTINUATION OF BENEFITS WHILE ON LEAVE OF ABSENCE OR LAYOFF

For information regarding continuation of benefits while on a leave, please visit the Employee Benefit website at:

www.bcpublicservice.ca/benefits/work_life/leave_main.htm.

If an employee elects to continue coverage it must be continuous (e.g. starts the first day of the month immediately following commencement of the leave and continues for the whole leave period, up to the maximum allowable period). Coverage can only be continued for benefits in place prior to the leave.

it is the employee's responsibility to:

- Complete the Option to Continue Benefits While on a Leave of Absence Without Pay Form;
- Keep a copy for their own records; and
- Forward the form to the appropriate office (Benefits Service Centre or other office as directed by other participating employers)
- Upon receipt of advice regarding the cost of benefit premiums, forward the applicable premiums.

It is the Employer's responsibility to:

- advise your employees where to route the forms;
- if Benefits Service Centre does not process the participating employer's forms, process according to policy
- ensure that benefits are terminated and/or reinstated appropriately. **(Note: Cancel the benefits at the appropriate date and reinstate when payment is received.)**
- to inform the Benefits Service Centre when an employee returns to work and/or to reinstate benefit plan coverage per entitlement criteria.

Upon receipt of the form the Benefits Service Centre prepares billings for employees of ministries/groups covered under the chargeback. Other participating employers who remit premiums directly to the BC Public Service Agency will bill and collect for their own employees.

NOTE: AUXILIARY BARGAINING UNIT EMPLOYEES ARE NOT ENTITLED TO A LEAVE OF ABSENCE. If an auxiliary employee is granted a Leave Without Pay, they are not entitled to the option to continue benefits (except employees on WCB Direct)..

LEAVES OF ABSENCE WITH PAY OR PARTIAL PAY

- Maternity, Parental, and/or Pre-Adoption Leaves
- Education Leave
- STIIP

Extended Health & Dental, Medical Services Plan and Group Life Insurance Benefit coverage continues uninterrupted (unless otherwise advised).

See information regarding specific leaves at:

http://www.bcpublicservice.ca/benefits/work_life/leave_types.htm.

- **Maternity or Parental Leave**

Group Life Insurance and Long Term Disability benefits continuation is mandatory. The taxable and employee's portions of the Group Life insurance premium and (if applicable) the premium for the Optional Spouse & Dependent group life insurance will be deducted from any allowances payable, or from the first pay upon return to work.

If the employee **does not** want one or more benefit coverages to continue (other than Group Life, Optional Group Life and Long Term Disability), they **must** complete the Option to Continue Benefits While on a Leave of Absence Without Pay Form to indicate "**no**". (EG: If an employee on a leave with pay or partial pay does not satisfy the Return to Work criteria, benefits premiums paid on their behalf will be recovered.) See *pages 41-42 of this Guide regarding pro-rating recovery calculations*.

- **Education Leave with Partial Pay**

An employee may choose to top up the Long Term Disability premium to 100 percent coverage. If an employee does not top up the LTD premium, and subsequently becomes disabled, LTD eligibility will be based on the partial pay rate received during the leave.

LEAVES OF ABSENCE WITHOUT PAY

- General Leave
- Compassionate Care Leave
- Education Leave
- Extended Child Care Leave

- Deferred Salary Leave
- Union Leave
- Leave Pending LTD
- WCB leave
- Suspensions
- Stop Pays (other)

An employee who has been granted a leave of absence without pay of less than a full calendar month and who has received pay within that month will remain covered by benefits and will not be required to pay a premium for the applicable month.

An employee who has been granted leave of absence without pay for a full calendar month or more, can elect to maintain benefit coverage by paying the premium directly, up to the maximum period of 18 months (maximum period of 24 months for Education Leave).

NOTE: As soon as an entry is made into the Payroll system (Peoplesoft) to indicate an employee's pay stops, the electronic interface with the benefit plan databases will automatically apply the appropriate end date. The Benefit Plans must be reinstated upon return to work. Please advise the Benefits Service Centre as soon as possible if an incorrect entry is made in Peoplesoft which may terminate benefit coverage incorrectly.

For other participating employers (not on Peoplesoft), you are responsible for advising the Benefits Service Centre regarding any such employees, **or** ensuring the benefit plans are terminated appropriately, in a timely manner.

For most of the above types of leave, the benefit plans will continue until the end of the month in which the leave commences. (ie: Leave commences April 18; benefits continue until April 30).

Exceptions:

- **Suspensions and Stop Pay (other)** - may have an exception depending on the circumstances. It is the responsibility of the Employer (HR Consultant or Technician) to advise the BSC if there is an exception to be made in any case, otherwise benefits will cease.

- In some cases, the PSA must approve an exception prior to BSC processing same.
- In some cases last day on pay = last day on benefits ;
- In some cases benefit continuation may not be an option.

- **WCB Direct**
- Auxiliary employees (eligible for benefits) on **WCB direct** pay may pay premiums for the period on WCB direct pay where they would have continued to be employed and not lost their seniority.
 - Coverage continues for the remainder of the month in which WCB direct pay starts.
 - They may continue benefit coverage as long as absent on WCB direct pay except where the employee would have been laid off.
 - From the date of layoff, the employee may continue coverage for a further three months.

- **Leave Pending LTD**
 - The Benefit plans will continue until the end of the month in which STIIP ceases. Benefits will be reinstated under the appropriate groups effective the first of the month following approval on the LTD Plan. If there is a lapse between the end of STIIP and the approval of LTD, the employee is considered to be on an approved leave of absence without pay and is entitled to elect to maintain benefit coverage by paying the premium directly.

LAYOFF

Regular and auxiliary bargaining unit employees on layoff, who are eligible for benefits, may opt to continue any of the benefit plans for **three consecutive calendar months immediately following the month in which layoff occurs**. Coverage, otherwise, terminates at the end of the month in which layoff occurs.

If the employee wishes to continue coverage for any of the benefits plans following layoff, it is the employee's responsibility to:

- Complete the Option to Continue Benefits While on a Leave of Absence Without Pay Form;
- Keep a copy for their own records; and
- Forward the form to the appropriate office (TSS or other office as directed by other participating employers)

- Upon receipt of advice regarding the cost of benefit premiums, forward the applicable premiums.

It is the Employer's responsibility to:

- advise your employees where to route the forms;
- if Benefits Service Centre does not process the participating employer's forms, process according to policy
- ensure that benefits are terminated and reinstated appropriately. **(Note: Cancel the benefits at the appropriate date and reinstate when payment is received.)**
- to inform the Benefits Service Centre when an employee is recalled and/or to reinstate benefit plan coverage per entitlement criteria.

December 17, 1998

**To: Directors of Human Resources/Personnel
Senior Financial Officers
Payroll Supervisors**

**Re: Pro-rating Group Benefit and Maternity/Parental Allowance Recovery
Master Agreement Articles 21.7 & 21.10**

During the 1998 round of collective bargaining, articles 21.7 and 21.10 were amended to require that benefits and the maternity and/or parental allowance received by an employee be repaid on a pro-rata basis should the employee not return to the work site for six calendar months after the end of the leave period (and extensions thereto if any).

To calculate the amount to be recovered, should the employee not return to or remain at the work site for six calendar months determine the dollar value of the benefits and allowance(s) received by the employee during the leave period(s).

Count the number of calendar days in the six month period following the leave, starting with the next calendar day after the end of the leave. (E.g. The last day on leave is November 7th. The next day, November 8th, the employee is back or due back at the work site. Six months later is May 7th. Include both November 8th and May 7th in the count).

Next count the calendar days from the day after the employee terminates to May 7th if the employee does not remain six months at the work site. Assume, for example, the last day at work is January 11th. Count the calendar days from January 12th to May 7th including both January 12th and May 7th. Take the ratio of the calendar days not worked to the total calendar days in the six month period times the total value of the benefits and/or allowance(s) received to determine the amount to be repaid.

E.g.

In the example noted above, the number of calendar days in the six month period is 181. The number of calendar days missing to complete the six month period is 116. Assume the value of the benefits paid were \$1,225.00 and the value of the allowance(s) paid were \$3,589.00 for a total of \$4,814.00. The employee must repay:

Item	Paid Out	Calendar Days in 6 Month Period	Calendar Days Missing to Complete 6 Month Period	Repayment Formula	Repayment Amount
Allowance	\$3,589.00	181	116	116/181	\$2,300.13
Benefits	\$1,225.00	181	116	116/181	\$785.08
Totals	\$4,814.00				\$3,085.21

Benefit Administrator's Instructions

An alternate way of performing the same calculation would be to take the amount of the benefits (\$1,225.00) or the allowance(s) (\$3,589.00) or of the total (\$4,814.00), and divide by the number of days in the six month period to figure out a daily rate. Then multiply the daily rate by the number of days (116) that the employee did not return or remain at the work site.

Item	Paid Out	Calendar Days in 6 Month Period	Daily Rate	Calendar Days Missing to Complete 6 Month Period	Repayment Amount
Allowance	\$3,589.00	181	\$3,589/181	116	\$2,300.13
Benefits	\$1,225.00	181	\$1,225/181	116	\$785.08
Totals	\$4,814.00				\$3,085.21

Pro-rating of benefits and maternity and/or parental allowance recovery, where employees do not return for six calendar month after maternity, parental and adoption leave and any extensions thereto applies to those employees returning from such leave(s) on and after August 19, 1998.

Recovery of the maternity and/or parental allowances is processed through CHIPS using the SAW or PAW procedures.

Recovery of the benefit costs is processed by Employee and Family Benefits.

David Sillito
Manager, Employee and Family Benefits

Benefit Administrator's Instructions

Telus Sourcing Solutions BC administers your group plans. If you require further assistance, please contact the Benefits Service Centre at:

Phone: 1-877-277-0772

Email: BenefitsServiceCentre@gov.bc.ca

Website: <http://www.bcpublicservice.ca/benefits/>.

For require assistance regarding employer participation or policy interpretation, please contact the Manager, Benefits Programs, BC Public Service Agency at 250-952-0272.

<p>In the event of a conflict concerning the contents of this guide, the provisions of the collective agreements, the plan contracts and/or regulations will apply. The Administrator Guide has been prepared using everyday language to provide you with the details of the Employee Benefit Plan.</p>
