

## OPTION TO CONTINUE EMPLOYEE BENEFITS WHILE ON A LEAVE WITHOUT PAY TO VOLUNTEER FOR CUSO PROJECTS

**INSTRUCTIONS:**

- Upon completion of this form, fax or mail to the Benefits Service Centre at:  
**Fax No.:** 250 652-4882  
**Mailing Address:** Block E, 2261 Keating Cross Road  
Saanichton BC V8M 2A5
- Please retain a copy for your records.
- Additional information and forms are available on the Internet:  
[www.bcpublicservice.ca/benefits](http://www.bcpublicservice.ca/benefits), or call the Benefits Service Centre toll-free at 1 877 277-0772.

**Freedom of Information and Protection of Privacy Act (FOIPPA)** – The personal information requested on this form is collected for the purpose of administering the *Public Service Benefit Plan Act* and is in accordance with the *FOIPPA*. Questions about the use and collection of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.

**PLEASE TYPE OR PRINT CLEARLY**

**EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	EMPLOYEE ID	DEPT ID -
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MINISTRY NAME \_\_\_\_\_

<p><b>EMPLOYEE CLASS</b></p> <input type="checkbox"/> BCGEU <input type="checkbox"/> PEA <input type="checkbox"/> NURSES <input type="checkbox"/> OIC <input type="checkbox"/> MGMT. EXCL. <input type="checkbox"/> SCHEDULE A <input type="checkbox"/> SAL. PHYSICIANS <input type="checkbox"/> OTHER:	<p><b>APPOINTMENT STATUS</b></p> <input type="checkbox"/> REGULAR <input type="checkbox"/> FULL TIME <input type="checkbox"/> AUXILIARY (With Benefits) <input type="checkbox"/> PART TIME
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HOME ADDRESS \_\_\_\_\_

CITY/PROVINCE	POSTAL CODE	TELEPHONE NO. (    )
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<b>PERIOD OF LEAVE OF ABSENCE WITHOUT PAY</b>	FROM YYYY / MM / DD	TO YYYY / MM / DD	
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**CONTINUATION OF BENEFIT PLANS**

The following benefit plans will continue to be paid on your behalf by the employer based on the same employer/employee contribution rates as when you were employed.

- **Medical Services Plan** – Employer pays 100% of the premium. This benefit is a taxable benefit and you will receive a T4 indicating this amount.
- **Extended Health and Dental Plan** – Employer pays 100% of the premium. This is a non-taxable benefit.
- **Long Term Disability** – Employer pays 100% of the premium.
- **Group Life Insurance** – The cost of this benefit is paid by both the employee and the employer. You may choose to continue your coverage and be billed for your portion of the cost.  
**Do you wish to continue your group life insurance coverage?**     Yes     No
- **Pension** – Upon your return to work, you may apply to pay for this period of leave and pay the cost directly to the BC Pension Corporation. The employer would reimburse the employer share of the cost upon proof of payment to BC Pension Corporation.
- **Employee and Family Assistance Program** – Employer will continue to provide this assistance to your family if they remain in BC.

**EMPLOYEE CERTIFICATION**

- I understand I must return to work in the BC Public Service for one year for each year I am on a leave without pay to volunteer for the CUSO projects.
- I agree that if I fail to return to work and remain in the employ of the employer for the period equivalent to my leave, I owe the employer the cost of the benefits continued on my behalf on a pro-rated basis.
- I authorize the full recovery of any employer paid benefits amounts owed by me including the cost of recovery from any source.

EMPLOYEE SIGNATURE  <b>X</b>	DATE SIGNED YYYY / MM / DD
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