CINUP

NOTICE OF EMPLOYEE TERMINATION / LEAVE / REINSTATEMENT

(For pension terminations, please contact your pension carrier)

JG11-CU

1

☐ Group Insurance Certificate #			
Employer Name	Employee Name		
Employee's Current Address (Number, Street, Apt. Number)			
City/Town	Province	Postal Code	Phone ( )

2

EMPLOYEE TERMINATION – GROUP INSURANCE

☐ Employee Terminated Date (YYYY/MM/DD) _____

☐ No Longer Eligible ☐ Less than 24 hours/week ☐ No Longer a Permanent Employee

☐ Other (Please specify) _____

3

EMPLOYEE LEAVE OF ABSENCE / TEMPORARY LAYOFF

During a leave of absence or temporary layoff, an employee may remain insured for all benefits with the exception of the disability benefits, so long as premiums continue to be remitted. In order for coverage to be continued, CINUP must be notified **before** the commencement of the leave, **and** provided with a scheduled return to work date.

☐ Terminate all Coverage Last Day of Work (YYYY/MM/DD) _____

☐ Continue all Coverage except Disability Last Day of Work (YYYY/MM/DD) _____

Scheduled Return to Work Date (YYYY/MM/DD) _____

Employer's Signature _____ **Date** _____

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4 EMPLOYEE MATERNITY / PARENTAL / COMPASSIONATE CARE LEAVE

During a maternity, parental or compassionate care leave an employee may terminate all coverage, continue all coverage, or continue all coverage except for disability benefits. CINUP must be informed of the employee's choice before the beginning of the leave. If the employee decides to continue coverage during the leave, the benefits must be continued for the entire duration of the leave, so long as premiums continue to be remitted. CINUP must be notified of the scheduled return to work date before the beginning of the leave.

☐ Terminate all Coverage Last Day of Work (YYYY/MM/DD) _____

☐ Continue all Coverage Last Day of Work (YYYY/MM/DD) _____

☐ Continue all Coverage except Disability Last Day of Work (YYYY/MM/DD) _____

Scheduled Return to Work Date (YYYY/MM/DD) _____

Note: Benefits are administered in accordance with applicable legislation.

5 REINSTATE EMPLOYEE'S COVERAGE

Coverage may be reinstated provided the employee returns to work within 12 months of the termination date and we are notified in writing within 31 days of their return to work date. Coverage is effective on the return to work date, not the date of notification. Reinstated employees will be enrolled with all eligible dependents, beneficiaries, benefits, salary information, and coverage levels held immediately prior to termination of coverage. If changes are required, please complete and attach an Employee Change Request.

1) ☐ Reinstate all Coverage Return to Work Date (YYYY/MM/DD) _____

☐ Information is unchanged from coverage held immediately prior to termination of coverage.

2) OR

☐ Employee Change Request is attached

Note: If the employee returned to work more than 12 months from their termination date, a new Enrolment Application must be completed.

Employer's Name _____

Employer's Signature _____ **Date** _____