



# NOTICE OF EMPLOYEE TERMINATION / LEAVE / REINSTATEMENT

(For pension terminations, please contact your pension carrier)



JG11-CU

Employer Name	Firm Number
Employee Name	Certificate #

## EMPLOYEE TERMINATION – GROUP INSURANCE

<input type="checkbox"/> Employee Terminated	Last Day of Work (YYYY/MM/DD) _____
<input type="checkbox"/> Employee passed away	Date of Death (YYYY/MM/DD) _____
<input type="checkbox"/> No Longer Eligible	<input type="checkbox"/> No longer meeting minimum hour requirements
	<input type="checkbox"/> No Longer a Permanent Employee
<input type="checkbox"/> Other (Please specify)	_____

If an extension of benefits is being considered as part of a severance agreement, an *Application for Extension of Benefits at Termination of Employment* form must be submitted to CINUP before the extension is offered to your employee.

## EMPLOYEE LEAVE OF ABSENCE

### 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.

<input type="checkbox"/> Terminate all Coverage	Last Day of Work (YYYY/MM/DD) _____
<input type="checkbox"/> Continue all Coverage	Last Day of Work (YYYY/MM/DD) _____
<input type="checkbox"/> 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.

### Medical Leave

During a medical leave, employees may not be terminated from the plan. Our Life & Disability Services team will monitor the employee's leave through the elimination period for disability benefits, contacting you for updates or to initiate a claim as needed.

Is there a related Worker's Compensation claim?

<input type="checkbox"/> Yes	Last Day of Work (YYYY/MM/DD) _____
<input type="checkbox"/> No	Scheduled Return to Work Date (YYYY/MM/DD) _____

### 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.

<input type="checkbox"/> Terminate all Coverage	Last Day of Work (YYYY/MM/DD) _____
<input type="checkbox"/> Continue all Coverage except Disability	Last Day of Work (YYYY/MM/DD) _____

Scheduled Return to Work Date (YYYY/MM/DD) \_\_\_\_\_

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## 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)  Reinstatement all Coverage    Return to Work Date (YYYY/MM/DD) \_\_\_\_\_  
 Information is unchanged from coverage held immediately prior to termination of coverage.  
OR  
2)  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** \_\_\_\_\_