

**ELECTION OF PENSION AND BENEFITS PARTICIPATION WHILE ON LEAVE
WITHOUT PAY (INCLUDING PASTORS BETWEEN CALLS)***

Title:	First Name (and Initial):	Last Name:	
Address:			
City:		Province:	Postal Code:
Home Phone: ()	Work Phone: ()		E-Mail:

Pension (CAAT's DBplus Pension)

While on leave without pay (including in between calls) Employer and Member Contributions to the DBplus Pension Plan are not permitted. A member has the option of purchasing the leave period (both member and employer portion) upon return to work from leave. Please contact Ellement Consulting at the end of the leave period at 1-844-440-1045 or by e-mail at www.lccbenefts.ca to inquire about purchasing the leave period.

Please complete the following:

Group Insurance

While on leave without pay (including in between calls) you have the following options for continuing your benefit plans:

Please complete either A or B below:

A. Employer is continuing to make contributions (check either (i) (ii) or (iii)).

(i) I am electing to continue all my Life Insurances, Long-Term Disability coverage, Extended Health Care and Dental at the level I was insured at prior to my leave. I understand that I will be required to make any employee contributions in order for my plans to continue.

OR

(ii) I am electing to continue only my Life Insurances, Extended Health Care and Dental at the level I was insured at prior to my leave. I am electing to opt out of my Long-Term Disability coverage during my leave period. I understand that I will be required to make any employee contributions in order for my plans to continue

OR

(iii) I am electing to opt out of all of my benefit plans including Life and Accident Insurances, Long-Term Disability, Extended Health Care and Dental during my leave period.

B. Employer contributions are not continuing to be paid (check either (i), (ii) or (iii)):

(i) I am electing to continue all my Life Insurances, Long-Term Disability coverage, Extended Health Care and Dental at the level I was insured at prior to my leave. I understand that I will be required to make any employer and employee contributions in order for my plans to continue.

OR

(ii) I am electing to continue only my Life Insurances, Extended Health Care and Dental at the level I was insured at prior to my leave. I am electing to opt out of my Long-Term Disability coverage during my leave period. I understand that I will be required to make any employer and employee contributions in order for my plans to continue

OR

(iii) I am electing to opt out of my benefit plans including Life and Accident insurances, Long-Term Disability, Extended Health Care and Dental.

Employee Authorization

I fully understand the options available to me and have indicated my election by checking one of the boxes above. If I have elected to opt out of any of the benefit plans, I fully understand that in the event of my illness or death of either myself or a member of my family that I will not have coverage under the benefit plans I have opted not to continue during my leave period. This may include Life or Accident Insurances, Extended Health, Dental, and Long-Term Disability.

Signature	Date
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Please retain a copy of this form and forward the original to Ellement Consulting Group at 1345 Taylor Ave, Winnipeg, MB, R3M 3Y9 or by e-mail: lccbenefits@ellement.ca

*Maximum leave period is 12 months.