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NOTICE OF LEAVE OF ABSENCE

School District: _____

Employee Name: _____ ID/SIN # _____

Type of Leave: _____

Leave of Absence from: _____ To _____

Continue STD/LTD coverage (STD applies to PVP only)	
Waive STD/LTD coverage (STD applies to PVP only)	

Does the employee plan to leave the province during the leave of absence?

Yes _____ No _____

If Yes, please provide the dates: _____

I understand that by choosing to waive short term disability (STD) and long term disability (LTD) coverage during my leave, I will not be eligible for coverage during the period of leave and application for STD/LTD benefits for any condition (injury or illness) arising during my leave of absence will not be considered. I also understand that proof of insurability may be required, at my own expense, if I wish to apply for these benefits at a later date, and that I may be refused coverage at that time.

Signatures: _____
(Employee)

(School District Administrator)

Full Name: _____

Date: _____

Please maintain the original for your records and forward a copy to Morneau Shepell.