

Member Information

Name (last, first, initial)

Member Health and Dental ID #

Home Address

Home Phone Number

Last Day worked (MMDDYYYY)

Returning to work (MMDDYYYY)

EI Option Selected:

☐ Standard (12 months) ☐ Extended (18 months)

Pension Plan

Members of the Presbyterian Church in Canada Pension Plan may continue to accrue pensionable service during their approved Maternity / Parental leave provided the Member indicates in writing prior to the leave that he/she will continue to make contributions as required under the plan.

Please indicate your option of consent or waiver.

☐ **MEMBER CONSENT**

I understand that by continuing to make pension contributions during my Maternity / Parental Leave that I will maintain pensionable service during the period of leave. I agree to make the required pension payments through monthly payroll deductions.

☐ **MEMBER WAIVER**

I do not wish to make pension contributions during my leave.

Signature

Date

Group Life Insurance Benefits

Members of the Group Life Benefits Plan have the option to maintain coverage for Group Life Insurance Benefits during their approved Maternity / Parental leave provided the Member indicates in writing prior to the leave that he / she will continue to pay the employee premiums. (Health and Dental Plan coverage will be maintained by the congregation / employer regardless of your choice).

Please indicate your option of consent or waiver.

☐ **MEMBER CONSENT**

I understand that by continuing to make group life insurance payments during my Maternity / Parental Leave I will maintain life, dependent life, AD&D and LTD coverage during the period of leave. I agree to make the required premium payments either ☐ MONTHLY or in ☐ ONE LUMP SUM prior to the leave.

☐ **MEMBER WAIVER**

I do not wish to make group life insurance payments during my leave. I understand that the group benefits provider may require proof of good health before reinstatement of benefits at the conclusion of my leave.

Signature

Date

Contributions and Premiums

Pension contributions must be deducted and remitted by the treasurer for income tax reporting purposes; group life premiums are required monthly or in a lump sum prior to the leave in order to maintain Member coverage.

TREASURER'S SIGNATURE

On behalf of the congregation, I agree to deduct and remit pension and / or group life contributions that are required to maintain service coverage for the above member during their approved Maternity / Parental Leave.

Treasurer Name

Treasurer Email

Signature

Date