

Member Information

Name (first, initial, last)	Member Health & Dental ID #	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	Email Address	
<input type="text"/>	<input type="text"/>	
Last Day Worked (MMDDYYYY)	Returning to Work (MMDDYYYY)	EI Option Selected
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Standard (12 months) <input type="checkbox"/> 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 commencing that they 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 and understand this is for the duration of the leave.

Member Signature	Date (MMDDYYYY)
<input type="text"/>	<input type="text"/>

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 they 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 through monthly payroll deductions.
- 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. **An additional waiver form will be required to be completed prior to the leave commencing.**

Treasurer Confirmation & Signature

Pension contributions must be deducted and remitted by the treasurer for income tax reporting purposes monthly; group life premiums are also required monthly 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
<input type="text"/>	<input type="text"/>
Signature	Date (MMDDYYYY)
<input type="text"/>	<input type="text"/>