

# APPLICATION FOR CONTINUATION OF BENEFITS DURING LEAVE



We request that the group benefits for the employee listed below be continued during the dates specified while on Leave. The request must be made prior to it being offered to the employee.

Employer Name ABC COMPANY

Employee Name BOBBY SMITH Certificate # 12345

For Period Beginning (MM/DD/YYYY) 10 / 15 / 2011 Ending (MM/DD/YYYY) 01 / 01 / 2012

### Type of Leave

LEAVE OF ABSENCE\*     TEMPORARY LAY-OFF\*     MATERNITY / PARENTAL LEAVE \*\*     COMPASSIONATE CARE\*\*

\* Cannot exceed 6 Months

\*\* For Maternity/Parental/Compassionate Leave, benefits are administered in accordance with applicable legislation.

Benefits may continue up to the date of approval, but will terminate if the Group Policy terminates or if the plan member's employment is terminated.

Authorized Employer Signature J. Doe Date Oct. 3/2011

### INTERNAL USE ONLY

Approval Date  
(MM/DD/YYYY)

BASIC LIFE

\_\_\_\_\_

AD&D

\_\_\_\_\_

DEPENDENT LIFE

\_\_\_\_\_

STD (Maternity/Parental/Compassionate Leave only)

\_\_\_\_\_

LTD (Maternity/Parental/Compassionate Leave only)

\_\_\_\_\_

EXTENDED HEALTH

\_\_\_\_\_

DENTAL

\_\_\_\_\_

EFAP

\_\_\_\_\_