



Selection of Payment Method for Mandatory Premium Remittance During an Approved Leave of Absence

I understand that during my **leave of absence**, coverage under the Manitoba Public School Employees Group Life Insurance Plan will remain in force and **I am required to pay the premiums for this coverage for the duration of my leave**, provided that the leave is of the type and duration listed as a covered leave in the contract of insurance. I therefore elect the following method of premium payment, for this **period of leave**, subject to the agreement of my employer for the method chosen:

- Please deduct the full premium for my **period of leave** from my last pay prior to the commencement of my leave.

- Please accept the attached cheque as payment in full, of the total premium payable for the **period of my leave**.

- Please accept the attached series of post dated cheques to cover the full premium payable during my **period of leave**.

Other (please describe)

I understand that if I fail to make the proper premium payments or **if I default** in my premium payment in any way, **my insurance will terminate immediately upon my default**. I further understand that should I default, resulting in the termination of my insurance coverage, that my insurance coverage will not be reinstated unless I provide medical evidence of insurability satisfactory to the plan insurer and they advise me of their acceptance in writing. I am also aware that my coverage will terminate immediately should I be employed elsewhere during my leave.

Signature

Name (please print)

**MANITOBA PUBLIC SCHOOL EMPLOYEES
GROUP LIFE INSURANCE PLAN**