



MANITOBA PUBLIC SCHOOL EMPLOYEES GROUP LIFE INSURANCE PLAN

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

School Division: _____
Name of Employee: _____
Type of Leave: _____
Expected Start Date: _____
Expected Return Date: _____

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 full 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**:

- Deduct the full premium for my **period of leave** from my last pay prior to the commencement of my leave.
- The attached cheque is payment in full of the total premium payable for my **period of leave**.
- The attached series of post dated cheques cover the full premium payable during my **period of leave**.
- Pre-authorized debit from my designated bank account to be withdrawn on the ___ day of each month in the amount of \$_____ in payment of the premiums payable during my **period of leave**. A cheque marked "VOID" may be attached to this form, or the relevant banking information provided below:
 - o Financial institution name: _____
 - o Transit (branch) number: _____
 - o Financial institution number: _____
 - o Account number: _____

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)

Date