

**Continuation of Benefits  
Maternity Leave (Ontario Resident)**

**Option #1 (Recommended):**

- I wish to maintain the current benefits arrangement. I agree to make payments in the form of post-dated cheques for the required premium contribution prior to my leave.

Employee signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**Option #2:**

- I wish to suspend the disability benefits for the duration of my maternity leave and maintain all other benefits. I agree to make payments in the form of post-dated cheques for the required premium contribution prior to my leave. (see Waiver section below).

**Option #3:**

- I wish to suspend all benefits for which I pay all or part of the premium for the duration of my maternity leave. (see Waiver section below).

**WAIVER:**

I, \_\_\_\_\_, an employee of \_\_\_\_\_, have carefully read and understand the summary of the group benefits plan. I understand the continuation of benefits options available to me while on maternity leave.

I understand the significance of suspending my benefits during my maternity leave. I understand that by waiving the disability benefits, I will not qualify to make application for the income replacement benefits should I become disabled during my maternity leave. I also understand that by suspending all other benefits any claims incurred during my maternity leave will not be eligible for reimbursement.

I wish to waive my group insurance benefits as indicated above.

Employee (name and signature): \_\_\_\_\_

Witness (name and signature): \_\_\_\_\_

Company official (name and signature): \_\_\_\_\_

Date: \_\_\_\_\_