

**Continuation of Benefits
Maternity Leave (Quebec 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 all benefits 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: _____