Validate Form Reset Form Lock Form

HEABC
HEALTH EMPLOYERS ASSOCIATION OF BC

BC NURSES' UNION
Standing up for health care

Instructions:
1. Fill out form
2. Click 'Validate Form' button
3. Click 'Lock Form' button
4. Save the finished form and e-mail it to the appropriate personnel

Note: This box and the buttons above will disappear once you have locked the form or when printing the form.

July 4, 2016

Without Prejudice

BC Nurses' Union
4060 Regent Street
Burnaby, BC V5C 6P5

Attention: Finance Department

Re: MOU – Premium Maintenance While Awaiting LTD

Enter Employer Name advises that Employee Name , employee ID no. Employee ID # , who works at Worksite Name is eligible for continuation of benefit coverage in relation to Medical, Extended Health, Dental, Group Life, AD&D and LTD premiums, as per the conditions of the above referenced Memorandum of Understanding.

Eligibility

The employee is a Nurse Type . Her/his date of disability is _____. We confirm that the employee has met all of the following criteria:

- ☐ Has a date of disability of April 1, 2012 or later (for RNs/RPNs) or May 11, 2016 or later (for LPNs),
- ☐ Exhausted all sick leave credits,
- ☐ Used up all available vacation entitlements,
- ☐ Exhausted all other paid leave and banks, and
- ☐ Used up the 20 days unpaid leave as per Article 37 – Leave – General.

Select the option(s) that applies:

- ◯ The employee applied for LTD benefits on [ ] and is waiting for a decision.
  - ☐ Date employee no longer eligible for employer paid benefits: [ ]
- ◯ The employee appealed the denial or termination of LTD benefits on: [ ]
  - ☐ Date 50/50 benefit coverage ended: [ ]

Validate Form Reset Form Lock Form

Select one:

○ Date employee's LTD benefits are payable (this is not the date the claim is accepted or approved):

○ Date benefits have been paid for 12 months:

Reimbursement

A) Prorated daily benefit premium rate $ multiplied by the number of days of coverage (Enter Days).

B) Prorated daily benefit premiums rate $ multiplied by the number of days of coverage .

BCNU, please reimburse $ 0.00 **(Note: Calculated field)**

We confirm that the total aggregate amount billed for this employee for waiting and appeal period has not exceeded 12 months. A breakdown of the benefit premium amounts (MSP, dental, extended health, group life/AD&D, and LTD) is shown in the attached backup document.

Comments:

Name of Employer: Enter Employer Name

Address of Employer:

Contact Person:

Contact Person's Phone Number: