# User Guide: Plan Sponsor request to continue group coverage form

You need the most current version of Adobe Acrobat Reader to complete this form.

Do not open in a web browser.

Download a free version at adobe.com

#### How to save this form

- 1. Open the attached form and input your main contract number (removing any leading zeros) and plan sponsor email address in Section 1 Plan sponsor information (multiple plan sponsor email addresses can be entered).
- 2. Save your customized form and close it.

#### How to use this form

- 1. Open Adobe Acrobat Reader, from the top menu select "file", "open" and find the form saved to your desktop. Complete all the required fields.
- 2. Click the 'Submit' button. This will generate an email with a pre-populated email address and title, with the completed form attached.
- 3. Send the generated email.
- 4. Always submit a new form for each request (including renegotiated requests, extension of any statutory leave, etc.).

## **Processing timeline**

The form will auto-approve your request when it meets all our standard eligibility criteria. You will receive a confirmation within 3 business days that our systems were updated.

If your request exceeds standard eligibility criteria, then you will get a warning message that Sun Life must review your request. You will receive a response within 3 business days.

The form will become your approval letter. Please keep the form on file for reference.

## What information you will need to complete this form

- Your group insurance contract number (the plan sponsor name will populate)
- The plan member's information (name, member group insurance ID and date of birth)
- Type of coverage continuation
- Benefits to be continued
- Additional information indicated below, as applicable



### Dependent child studying outside of Canada:

For dependent children studying outside of Canada, you can extend Out of Canada coverage up to a maximum of 10 months. You must complete the form and submit it to Sun Life at the beginning of each school term. Please review the conditions that must apply (e.g. the child maintains provincial health coverage) before you submit your request to Sun Life.

The information that you will need to complete the form includes:

- Your booklet (under eligibility) or contract (under definitions) to determine eligibility (full-time student age limit)
- Whether the dependent is studying full time
- Whether the dependent has provincial health coverage extended for the school term
- The dependent's name and date of birth
- The date the dependent is leaving Canada and the end of school term date
- Location (city and country) and name of the school

**Maternity/Parental leave:** Sun Life's standard plan allows you to continue coverage during a Maternity/Parental leave, as set out in minimum standards legislation applicable to your plan member. It is your responsibility to determine the duration of the leave available to your plan member.

However, we will allow you to continue coverage for up to 78 weeks (18 months) without submitting a request to extend coverage. This is the period during which plan members can claim Employment Insurance Maternity and Parental Benefits. This applies to all plan members, including those in Quebec who are eligible to receive maternity, paternity, parental and adoption benefits under the Quebec Parental Insurance Program.

If you wish to continue coverage for more than 18 months, please submit the form to Sun Life for review.

You will need to include the last day worked, the start date of the maternity/parental leave and the scheduled return to work date.

**Other legislated leaves:** Sun Life's standard plan allows you to continue coverage for all benefits for the full duration of any statutory leave. You are responsible for determining the statutory leave available to your plan member and the duration of that leave. You can continue coverage for up to 6 months after the plan member's last day of work. To continue coverage for more than 6 months, you must submit the completed form to Sun Life for review. Please indicate the plan member's last day worked, the scheduled return to work date and verification that both the type of leave and maximum duration of the leave is required by the provincial/federal minimum standards legislation that applies to your plan member.

**Statutory notice period for termination of employment:** Sun Life's standard plan allows you to continue coverage for all benefits during the statutory notice of termination period. You are responsible for determining the period that applies to your plan member. You are also responsible for determining your other legal obligations, including those set out in minimum standards legislation (e.g. statutory severance and notice for group or mass terminations).

To extend coverage beyond this statutory notice period, you must submit the form for Sun Life's review. We will allow you to continue some benefits beyond the statutory notice period for termination.

You must include in the form: last day worked and the statutory notice period for termination of employment as set out in the provincial/federal minimum standards legislation (link to summary table), which applies to your plan member.

Optional benefits, STD and LTD will terminate at the "End of statutory notice period date". You must also include the "End of coverage continuation date" for all other benefits, which will default to this date. You can deselect any benefit(s) you wish to stop at the "End of statutory notice period date" and you can modify the "Date coverage continuation terminates" for any benefit in Section 4 of the form.

If you have a non-standard contract that allows you to continue coverage for a period that is greater than the statutory notice period for termination of employment, then you would only submit this form for any request to continue coverage beyond the period set out in your contract.

**Temporary lay-off/Personal leave:** Sun Life's standard plan allows you to extend coverage up to 3 months from the plan member's last day of work for lay-offs and personal leaves of absences. If you wish to extend coverage beyond the time period set out in your contract, please submit the form to Sun Life for review. Please include the plan member's last day of work and scheduled return to work date in the form. Please also note that if the personal leave is not a statutory leave, then you must submit your request to extend coverage under this section of the form.

**Waiver and Release:** If your plan member is entitled to maintain coverage under the terms of your contract and decides to waive coverage, then we require the plan member to sign a waiver and release ("waiver"). We have included a link to the waiver in the form. There are options for waiving coverage, which we have also listed in the waiver. You must review these options with your plan member and sign the waiver indicating that you have done so. Please consult your legal counsel to determine whether you require a separate waiver to help protect you in the event that a plan member or their dependents suffer a loss or injury, submit a claim, make a demand for payment or start a legal action for benefits or other damages, relating to the waived coverage(s) or in connection with the waiver.

**Important!** If you send an eligibility file to Sun Life, the termination dates on your file submission must match the dates approved on this form. At this time, the form is not designed for employees absent from work due to illness and/or on an approved disability claim.

## **Questions**

Should you have questions about the form or require assistance, please reach out directly to your Sun Life representative.

