



GROUP BENEFITS REQUEST FOR COVERAGE EXTENSION

In order to avoid delays, please ensure that all required information is provided.

INSTRUCTIONS

In order for coverage to be continued, special arrangements must be requested and approved by MDM insurance Services Inc. and/or The Co-operators. These requests must be made by the policyholder and be made prior to or within 15 days of the start of the leave date.

The group policy must remain in force and premiums must continue to be paid. In order to preserve the tax status, the cost sharing of premiums for Long Term Disability/Short Term Disability must continue in the same manner as they were when the plan member was actively at work.

1. PLAN MEMBER INFORMATION

Group _____ Certificate _____

Plan Sponsor /Employer _____ Plan Administrator (Requester) _____

Plan Member _____
FirstName Initial LastName

Date of Birth _____ Province of Residence _____ Hire Date _____ Date last actively at work _____
MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY

2. COVERAGE EXTENSION DETAILS

TYPE OF ABSENCE

Compassionate Care Temporary Lay Off Working Abroad Strike/Lockout Coverage Beyond Termination Age

Temporary Leave of Absence Reason _____

Severance Will the Plan Member be actively at work during the notice period? Yes No

Comments _____

Will plan member be travelling out of Canada? Yes No If Yes, where? _____

PRODUCTS IN FORCE

Please select all products which are currently in force and provide the coverage amount for the above plan member.
All benefits are to be continued; individual selection of benefits by product is not allowed.

<input type="checkbox"/> Basic Life	\$ _____	<input type="checkbox"/> Optional AD&D	\$ _____	<input type="checkbox"/> HealthCare Spending Account	\$ _____
<input type="checkbox"/> OptionaiLife	\$ _____	<input type="checkbox"/> Critical Illness	\$ _____	<input type="checkbox"/> Personal Spending Account	\$ _____
<input type="checkbox"/> Dep. Optional Life	\$ _____	<input type="checkbox"/> Short Term Disability	\$ _____	<input type="checkbox"/> Dental	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family
<input type="checkbox"/> Dependent Life	\$ _____	<input type="checkbox"/> Long Term Disability	\$ _____	<input type="checkbox"/> Extended Health Care	<input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family
<input type="checkbox"/> AD&D/ADD&D	\$ _____			<input type="checkbox"/> Employee Assistance Program	
				<input type="checkbox"/> Second Opinion Consult	

Start Date _____ End Date _____ Number of Days _____
MM/DD/YYYY MM/DD/YYYY

Will the Plan Member be returning to work on the end date? Yes No

Comments _____

Submitted By _____ Date _____
MM/DD/YYYY

Submit the completed form to MDM Insurance Services Inc.

MDM Insurance Services Inc. Privacy Statement

At MDM, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about MDM's privacy policy at www.mdm-insurance.ca if you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at 1-800-838-1531, or by e-mail: inquiry@mdm-insurance.com