



PREGNANCY/PARENTAL LEAVE CONTRIBUTIONS

In accordance with the Employment Standards Act, to continue your **IWA - Forest Industry Long Term Disability Plan** (the “Plan”) coverage during your period of **pregnancy/parental leave**, you must continue to make your normal employee contributions to the Plan during the period of your **pregnancy/parental leave**. If you continue to make the employee contributions to the Plan, your employer is required to continue to make the employer contributions.

It is the duty of the employee and employer to determine the manner in which the contributions are made and forwarded to the Plan Office.

If you do not continue to make your employee contributions to the Plan, your employer is not required to make contributions to the Plan.

I hereby choose (check two only and include the applicable dates in the spaces provided):

- To continue coverage under the Plan during the period of my **pregnancy leave** from _____ to _____ and agree to remit the employee portion of the contribution to my employer.
- To continue coverage under the Plan during the period of my **parental leave** from _____ to _____ and agree to remit the employee portion of the contribution to my employer.
- To discontinue my contributions to the Plan effective the date when my **pregnancy leave** begins on _____ until _____.
- To discontinue my contributions to the Plan effective the date when my **parental leave** begins on _____ until _____.

Employee Signature

Date

Employee Name (Print)

Social Insurance Number

Company Signing Authority

Date

Company Name (Print)

Company Number

<p>Please return this form to the Plan Office, Attention: Contribution Administration Email: IWA_Contributions@iwafibp.ca</p>	<p>Fax: 604.433.0518</p>
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