



IWA - FOREST INDUSTRY LTD PLAN

Suite 2100 - 3777 Kingsway, Burnaby BC V5H 3Z7
Telephone: (604) 433-6310 Toll Free: 1-800-663-4384

**CONTRIBUTIONS DURING
FAMILY RESPONSIBILITY LEAVE / COMPASSIONATE CARE LEAVE
BEREAVEMENT LEAVE or JURY DUTY LEAVE**

In accordance with the *Employment Standards Act*, to continue your IWA - Forest Industry Long Term Disability Plan (the "Plan") coverage during your period of **family responsibility, compassionate care, bereavement or jury duty leave**, you must continue to make your normal employee contributions to the Plan during the period of this 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 (please ✓ where applicable and be sure to include the applicable dates in the spaces provided):

<input type="checkbox"/>	To continue coverage under the Plan during the period of my family responsibility leave from _____ to _____ and agree to remit the employee portion of the contributions to my employer.
<input type="checkbox"/>	To continue coverage under the Plan during the period of my compassionate care leave from _____ to _____ and agree to remit the employee portion of the contributions to my employer.
<input type="checkbox"/>	To continue coverage under the Plan during the period of my bereavement leave from _____ to _____ and agree to remit the employee portion of the contributions to my employer.
<input type="checkbox"/>	To continue coverage under the Plan during the period of my jury duty leave from _____ to _____ and agree to remit the employee portion of the contributions to my employer.
<input type="checkbox"/>	To discontinue my contributions to the Plan effective the date when my family responsibility leave begins on _____ until _____ .
<input type="checkbox"/>	To discontinue my contributions to the Plan effective the date when my compassionate care leave begins on _____ until _____ .
<input type="checkbox"/>	To discontinue my contributions to the Plan effective the date when my bereavement leave begins on _____ until _____ .
<input type="checkbox"/>	To discontinue my contributions to the Plan effective the date when my jury duty leave begins on _____ until _____ .

Employee Signature

Date

Employee Name (Print)

Social Insurance Number

Signing Authority

Date

Company Name (Print)

Company Number

**Please return this form to the Plan Office, Attention: Contributions Administration
Email: collections@iwafibp.ca Fax: (604) 433-0518**