NOTICE

☐ Temporary work interruption
☐ Return to work

La Capitale Civil Service Insurer Inc.
625 Jacques-Parizeau St., P.O Box 1500, Quebec QC G1K 8X9
418 644-4200 or 1 800 463-4856 • Fax: 418 646-1313 • adm.collectif@lacapitale.com

GROUP NO.	EMPLOYER NO.	IDENTIFICATION NO.

1 – INFORMATION ABOUT PARTICIPANT

LAST NAME _____ FIRST NAME _____

NO., STREET, APT. _____ CITY _____

PROVINCE _____ POSTAL CODE _____ MAIN PHONE _____ EXT. _____ PHONE (OTHER) _____ EXT. _____

2 – TERMINATION OF PAYMENT

Please place a check mark beside the reason:

	Start date of leave or date of event (year-month-day)	Date of return to work (year-month-day)
☐ Authorized leaves[1]		
Leaves for family reason		
☐ Adoption leave		
☐ Compassion leave		
☐ Maternity leave		
☐ Parental leave		
☐ Paternity leave		
☐ Dismissal		
☐ Dismissal contested by grievance[2]		
☐ Disability		
☐ Termination		
☐ Temporary layoff[2]		
☐ Suspension[2]		
☐ Other reason (please specify): _____		

Note 1: Participant may maintain coverage for all benefits.
Note 2: Participant may maintain coverage for all benefits, except for disability insurance.

3 – PARTICIPANT'S DECLARATION (only for temporary work interruption)

I hereby declare that I wish to:

☐ Maintain my group insurance benefits

☐ Cancel all my group insurance benefits, except the mandatory Health Insurance Plan that includes prescription drug insurance

Signed at _____, on this _____ day of _____ 20 ____.

_____
Signature

IMPORTANT : À défaut de cocher l'une des cases de cette section ou de signer le présent formulaire, les modalités qui s'appliquent sont celles énoncées dans votre document de référence. Pour remettre ces garanties en vigueur, la personne adhérente devra retourner à l'Assureur le présent formulaire dûment rempli et signé au cours des 31 premiers jours de son absence. Dans un tel cas, les primes seront payables à compter de la date du départ.

4 – SIGNATURE OF EMPLOYER'S REPRESENTATIVE

Signed at _____, on this _____ day of _____ 20 ____.

_____ _____
Signature Telephone Ext.

Employers may reproduce this form as their individual needs require.