VICTORIA UNIVERSITY
IN THE UNIVERSITY OF TORONTO

LEAVE OF ABSENCE BENEFITS ELECTION

Personnel No. _____ Surname _____ First Name _____

Please initial only where you wish changes to your current coverages

Reason for completing the form:

_____ Maternity Leave

_____ Other Leave

Effective dates:

From: _____ To: _____

Medical Coverage

	Single	Family	No Coverage
Dental Care	_____	_____	_____
Vision Care	_____	_____	_____
Extended Health Care (includes Semi-Private)	_____	_____	_____

Optional Life Insurance

_____ No optional coverage

Disability Insurance

_____ No coverage

Victoria Pension Plan

_____ No coverage

I understand that if I opt out of any of the benefits during my Leave I have the option of reinstating the discontinued benefits upon my return to work.

I understand that I will lose credited service for the period of unpaid Pension Premiums.

_____ Date

_____ Signature of Employee