

**Public Service Group Insurance Fund  
Election to Waive Group Insurance - Policy 330780/330785  
During An Employer Approved Leave of Absence or Lay-Off**

**Personal Information – To be answered in full by employee, please print**

Name of Employee \_\_\_\_\_  
(Last Name) (Given Names in Full)

Employee Number \_\_\_\_\_ Certificate No./SIN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
YYYY MM DD

I do not wish to continue to be insured during my period of employer approved leave of absence/lay-off from

\_\_\_\_\_ to \_\_\_\_\_  
Expected Start Date Expected Return Date

By signing this form, I acknowledge that

- I do not wish to continue to be insured during my period of employer approved leave of absence/lay-off.
- I am responsible for payment of any accumulated insurance arrears until this completed form is received by my employer. A retroactive election to waive premiums will not be accepted.
- I will not be entitled to a refund of any overpayment of premiums unavoidably deducted by my employer due to insufficient notice of my election to waive premiums during my leave of absence/lay-off.

If I do not make a written election to either continue or waive my insurance premiums during my employer approved leave of absence or lay-off, I acknowledge that the insurance coverage will be deemed to have continued and I will be responsible for payment of the premiums and accrued arrears during the period of leave.

\_\_\_\_\_  
Signature of Insured Member

\_\_\_\_\_  
Date