

SAMPLE LETTER – LONG TERM DISABILITY / EXTENDED ABSENCE DUE TO ILLNESS

DATE

NOTE : Replace the sections in **YELLOW**

**BY REGISTERED MAIL
CONFIDENTIAL**

**NAME OF THE EMPLOYEE
ADDRESS**

Dear **EMPLOYEE**;

RE: Continuation of group insurance coverage while on extended Sick leave/Disability

We are writing to you today regarding our agreement relative to the continuation of health and dental benefits while on sick leave that you signed on **DATE** as well as the Group Insurance guidelines.

As you know, you are on sick leave since **DATE**. Per the group insurance guidelines, you informed **THE EMPLOYER** that you would like to maintain your group insurance coverage while on sick leave and you signed the form entitled "Agreement – Coverage during a Sick Leave/Disability". Subsequently, you applied for long-term disability benefits with Great-West Life and your application was accepted starting on **DATE-date indicated on the GWL letter**. You will continue to receive long-term disability benefits as long as the insurer determines that you meet the definition of disability as defined by the insurance policy.

We inform you that while you are in receipt of long-term disability benefits, the premiums are waived for the life insurance, accidental death and dismemberment as well as the long-term disability benefits. As a result, your portion of the group insurance has decreased from **AMOUNT to AMOUNT** since **DATE** and **THE EMPLOYER** has reduced your monthly pre-authorized withdrawal effective **DATE**. **THE EMPLOYER** has also reimbursed you the overpayment for the following **MONTH(S)** (**NOTE: remove the last sentence if it does not apply**)

We would like to remind you that according to the terms and conditions outlined in the Agreement for coverage during the first twenty-eight (28) months, the Group Insurance Guidelines and the Group Insurance Policy, your extended health and dental coverage will be maintained for a maximum of twenty-eight (28) months of approved sick leave absence. In case of breach of the terms and conditions outlined, **THE EMPLOYER** will have the right to terminate your group insurance coverage without notice.

Please take note that if you cease to qualify to receive long-term disability benefits and do not return to work, with or without medical restrictions, **THE EMPLOYER** will have the right to take the necessary steps in the circumstances including terminating the extended health and dental benefits without notice.

It is also important to mention that your health and dental coverage could be terminated if **THE EMPLOYER**, at his own discretion and without notice, ceases to participate in the group insurance plan, per the **EMPLOYER'S** policy and the Group insurance guidelines.

We wish you a speedy recovery and invite you to communicate with us if you have any questions.

Sincerely,

**NAME OF THE DIRECTOR
TITLE**

Updated: January 2018