Guidelines For Extension of Coverage for Severance (Beyond Employment Standards Act Notice Period)

Where a plan member's employment has been terminated by a plan sponsor, group benefit coverage ends immediately unless provided otherwise under the group contract. A plan sponsor may request that coverage for certain benefits be extended on an insured or non-insured (i.e. administrative) basis during any notice period required by law (statutory period) and during which the plan sponsor is required to provide the terminated plan member with group benefits coverage.

All requests to extend group benefits coverage after the statutory period will be reviewed by Canada Life. No extension of group benefits coverage is in force unless approved in writing by Canada Life.

BENEFITS ELIGIBLE FOR EXTENSION	BENEFITS NOT ELIGIBLE FOR EXTENSION
➢ Basic Life to a maximum of $500,000	➢ Life Waiver of Premium Benefit
➢ Basic AD&D to a maximum of $500,000	➢ AD&D Waiver of Premium Benefit
➢ Healthcare (excluding Out of Country, Global Medical Assistance/Travel Assistance)	➢ Short Term and Long Term Disability Benefits
➢ Dentalcare	➢ Out of Country Coverage (under Healthcare)
➢ Basic Critical Illness	➢ Global Medical Assistance/Travel Assistance Coverage (Healthcare)
➢ Teladoc Medical Experts	➢ Optional Life Insurance
➢ Contact	➢ Optional/Voluntary AD&D Insurance
➢ Healthcare Spending Account	➢ Optional Critical Illness
➢ Health SolutionsPlus	
➢ Wellness Account	
➢ Lifestyle Account	

What length of extension will Canada Life consider providing?

Canada Life will consider an extension for up to 12 months. Longer periods may be considered on an exception basis to a maximum of 24 months.

When will an extension expire?

An extension will expire on the earliest of;

- The end of the extension period agreed to by Canada Life;
- The date the individual's coverage under the plan would have terminated for a reason other than termination of employment;
- The date that Canada Life is advised the terminated plan member is eligible for coverage through another group benefits plan;
- The date the group contract with Canada Life terminates; and
- The date of termination of benefits coverage for the division or affiliated company to which the terminated plan member belonged.

How do I request an extension?

Canada Life's policies and practices with respect to the extension of benefits coverage following termination of employment are subject to change without notice. To request an extension, complete the Request for Extension of Coverage For Employment Termination form and send it to Canada Life. Details of any extension of benefits coverage should not be communicated to a terminated plan member until the extension has been approved in writing by Canada Life.

Requests for an extension of benefit coverage must be made on the same basis for all terminated plan members in like circumstances. If Canada Life has approved an extension, insured benefits coverage will be provided on a premium paying basis and non-insured benefits coverage will be administered in accordance with the applicable services agreement with the plan sponsor.

The MEARIE Group Employee Benefit Program REQUEST FOR BENEFIT CONTINUATION FORM (Severance)

THE MEARIE GROUP USE ONLY

Insurer		Policy No.	

SECTION 1: Plan Member Information

Employer Name	
Division Number	Class Number
Plan Member ID	Payroll ID (if applicable)
Plan Member Name FIRST NAME / LAST NAME	
Date of Hire (MM/DD/YYYY)	Last Day Worked/Date of Termination: (MM/DD/YYYY)
ESA Start Date (MM/DD/YYYY)	Start Date of Extension Date (day after end of the statutory period/ESA end date): (MM/DD/YYYY)
ESA End Date (MM/DD/YYYY)	Severance End Date: (MM/DD/YYYY)

SECTION 2: Benefit Continuation Request

Please indicate ONLY those benefits to be continued, the amount of benefit (if applicable) and the last date of coverage. For member terminations, the following benefits CANNOT be continued beyond the ESA period: Long-Term Disability, Short-Term Disability, Supplementary/Optional Life, Life Waiver of Premium and Out-of-Country/Travel Assistance.

BENEFIT	BENEFIT AMOUNT		LAST DAY OF COVERAGE REQUESTED (MM/DD/YYYY)	
☐ Basic Term Life insurance (to a maximum of $500,000)			☐ ESA End Date	☐ Other:
☐ Basic Life Insurance			☐ ESA End Date	☐ Other:
☐ Supplemental and Optional Life Insurance			☐ ESA End Date	☐ Other:
☐ AD&D Insurance (to a maximum of $500,000)			☐ ESA End Date	☐ Other:
☐ Long-Term Disability			☐ ESA End Date	☐ Other:
☐ Short-Term Disability			☐ ESA End Date	☐ Other:
☐ Health (excluding OOC & GMA/Travel Assistance)	☐ Single	☐ Family	☐ ESA End Date	☐ Other:
☐ Dental (excluding OOC & GMA/Travel Assistance)	☐ Single	☐ Family	☐ ESA End Date	☐ Other:
☐ Employee Assistance Program (EAP)			☐ ESA End Date	☐ Other:
☐ Best Doctors			☐ ESA End Date	☐ Other:
☐ Healthcare Spending Account			☐ ESA End Date	☐ Other:
☐ Critical Illness			☐ ESA End Date	☐ Other:
☐ Other (Please specify)			☐ ESA End Date	☐ Other:

SECTION 3: Plan Administrator Authorization (no signature required)

☐	As the plan administrator, I authorize The MEARIE Group to process the changes noted above.
Plan Administrator Name (Signature)	Date (MM/DD/YYYY)

The Plan Administrator is responsible for the following:

1. Obtaining legal advice regarding termination of employment and continuation of benefits including ESA legislation, if applicable,
2. Collecting any required plan member premium contributions for the benefits to be continued, as applicable,
3. Advising The MEARIE Group if, subsequent to the approval of continuation of benefits, coverage should cease earlier than requested; and,
4. Informing the plan member of the terms and conditions under which coverage is being continued.