

## CLAIM FOR LONG TERM DISABILITY BENEFITS SICK LEAVE CREDITS REPORT FORM

**TO BE COMPLETED  
BY THE EMPLOYER**

Name of Employee \_\_\_\_\_ HBT Benefits ID No. (BID) \_\_\_\_\_

### BACKGROUND INFORMATION

Refer to the "Waiting Period and Benefits" section in the Long Term Disability (LTD) provisions of the applicable Collective Agreement, which states that employees who still have unused sick leave credits after the LTD qualification period shall have the option of:

1. exhausting all sick leave credits before receiving the LTD benefit (this option is not available to claimants under HSP or Nurses Agreements);
2. using sick leave credits to top off the LTD benefit; or
3. banking the unused sick leave credits for future use.

It is important that you advise Canada Life as to which option the employee has chosen. Although it will not affect the LTD qualification date, it will affect the commencement date of the LTD benefit payments if the employee elects Option #1 (if eligible).

### INSTRUCTIONS TO THE EMPLOYER

Complete the following if the employee still has unused sick leave credits after the LTD qualification period.

Community & Facilities Agreements	HSP & Nurses Agreements
The employee chooses to:	The employee chooses to:
<input type="checkbox"/> Option #1: Continue to use full sick leave credits beyond the end of the LTD qualification period. The employee will exhaust all sick leave credits as of: <div style="text-align: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>  (DD/MM/YY) </div>	Option #1: Not available.
<input type="checkbox"/> Option #2: Use sick leave credits to top off LTD benefits	<input type="checkbox"/> Option #2: Use sick leave credits to top off LTD benefits
<input type="checkbox"/> Option #3: Bank all remaining sick leave credits for future use	<input type="checkbox"/> Option #3: Bank all remaining sick leave credits for future use

Signed by the employee: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by the employer: \_\_\_\_\_

Name: \_\_\_\_\_

Organization name: \_\_\_\_\_

Phone #: \_\_\_\_\_