



Preparing for your Maternity Leave of Absence



As you prepare for your Maternity/ Pregnancy, Parental, Adoption Leave

- When you are nearing the date of your leave, you will need to complete **Form #76 Application for Continuation of Benefits During A Maternity/Pregnancy, Parental, Adoption Leave.**
- You can continue your benefits coverage during your maternity leave up to 18 months for all benefits, but Long Term Disability (LTD) and Critical Illness, you have the option to maintain those benefits for 24 months.
- If you wish to make any changes to your leave, you must contact your employer to revise your leave paperwork.

When the baby is born

- If you are already enrolled in family Health and Dental, Optional Dependent Life, Dependent Critical Illness and/or Family Accidental Death & Dismemberment, please complete **Form #61 Personal Information Change Form Group Insurance Benefits**, and your child will be added.
- If you are already enrolled in single health benefits, you can change to family coverage without having to provide medical evidence, as long as you apply within 60 days of the birth of your child or within 60 days from your return to work.
- If you lose coverage under your spouse's health plan, you must apply within 60 days from the date of coverage loss.
- If you wish to change your beneficiary please complete **Form #62 Beneficiary Designation Form – Group Insurance Benefits.** *If a beneficiary is under age 18 please name a trustee; if you do not the Nova Scotia Public Trustee will be appointed.* Complete the form in ink (initial any changes or deletions, do not use correction fluid), sign and return to your Benefits Administrator for handling.

When you return to work

Health/Travel - Health and Travel will reinstate the first of the month or pay period following your return work. If you are already enrolled in single health benefits, you can change to family coverage without having to provide medical evidence if you apply within 60 days from your return to work date.

Dental - Dental will reinstate the first of the month or pay period following your return to work. If you are already enrolled in single dental benefits, you can change to family coverage without your dependents having any late restrictions if you apply within 60 days from your return to work date.

Long Term Disability (LTD) - If you did not continue LTD coverage during your leave, it will be reinstated once you have returned to work. If you opted out of LTD longer than 24 months, you will be subject to the Pre-Existing Condition limitation (any disability commencing within the first 12 months of your return to work will not be covered if the disability is caused or contributed to by, or is a consequence of, illness or injury for which you received medical care, treatment or services, or took any prescribed medications at any time during the 90 day period prior to returning to work and becoming covered under the plan).

Basic/Dependent Life - Basic and Dependent Life will be reinstated once you return to work. If you opted out of this benefit for longer than 12 months, you will have a three month waiting period before coverage begins.

Optional Life - Optional Life will be reinstated once you return to work. If you opted out of this benefit for longer than 12 months, you must reapply for optional life within 60 days of your return to work to be eligible for the evidence free amount. You may apply for Optional Dependent Life at any time once you return to work.

Optional Accidental Death and Dismemberment (AD&D) - Optional AD&D will be reinstated once you return to work. If you opted out of this benefit for longer than 12 months, you must reapply.

Optional Critical Illness - If you opted out of Optional Critical Illness, it will not automatically be reinstated. You can reapply for Critical illness any time after your return to work.

If you would like to reapply or make any changes to your benefits, please complete **Form #7 Change/Cancellation Form – Group Insurance Benefits** and submit it to your employer. Limitations to certain benefits may apply based on your eligibility/plan design.

Health Association Nova Scotia Benefits Forms are available from our website.
Visit www.healthassociation.ns.ca, select the Benefits Plan Member Information button,
and select Forms & Documents from the side MORE menu.

If you have questions about your benefits, please talk to your Benefits Administrator.
You can also call Health Association Nova Scotia at 1-866-886-7246.
Visit www.healthassociation.ns.ca/benefits

