



Election of Pension and Benefits Participation While on Leave Without Pay (Including Pastors Between Calls)*

Title:	First Name (and Initial):	Last Name:
Address:		
City:	Province:	Postal Code:
Home Phone: ()	Work Phone: ()	E-Mail:

Pension

While on leave without pay (including Pastors between calls) your Required Member Contributions to the Pension Plan are waived. Your employer has the option of continuing employer contributions. If your employer elects not to continue contributions and you are participating in the DB Plan, you will not earn any service during the time on leave or between calls. You may elect to continue participating in the Optional Defined Contribution (DC) component of the Pension Plan.

Please complete the following:

I wish to continue making Optional Employee contributions to the DC component of the Pension Plan of _____% of pay (1 – 4%) (based on pay at leave commencement).

OR

I wish to stop making Optional Employee contributions to the DC component of the Pension Plan.

*Maximum leave period is 12 months.

Group Benefits

While on leave without pay (including Pastors between calls) you have the following options for continuing your benefit plans:

Please complete either A or B below:

A. Employer is continuing to make contributions (check either (i) or (ii)):

I am electing to continue all my Life Insurances and Long-Term Disability coverage along with the following benefits at the level I was insured at prior to my leave. I understand that I will be required to make any employee contributions in order for my plans to continue:

Extended Health Care

Dental

OR

I am electing to opt out of all of my benefit plans including Life Insurance and Accident Insurance, Long-Term Disability, Health and Dental.

B. Employer contributions are not continuing to be paid (check either (i) or (ii)):

I am electing to continue all my Life Insurances and Long-Term Disability coverage along with the following benefits at the level I was insured at prior to my leave. I understand that I will be required to make both the employer and employee contributions in order to continue my coverage under the plans:

Extended Health Care

Dental

OR

I am electing to opt out of my benefit plans including Life Insurance and Accident Insurance, Long-Term Disability, Health and Dental.

Employee Authorization

I fully understand the options available to me and have indicated my election by checking one of the boxes above. If I have elected to opt out of my benefit plans, I fully understand that in the event of my illness or death of either myself or a member of my family, that I do not have coverage under the benefits plans for Life Insurance or Accident Insurance, Extended Health, Dental, and Long-Term Disability.

Signature

Date

Please retain a copy of this form and forward the original to:

Lutheran Church–Canada
Worker Benefit Plans
c/o Ellement
503 – 1780 Wellington Avenue
Winnipeg, MB R3H 1B3