

Request for extension of benefits for a terminated employee



Insurance

INSTRUCTIONS

Complete the following form to request an extension of benefits for your terminated employee.

SECTION 1: EMPLOYER INFORMATION

Group Policyholder Name:	
Group Policy Number:	

Once your request is processed, we will send a formal letter via email. Send documentation to:

Name:		Email:	
-------	--	--------	--

SECTION 2: EMPLOYEE INFORMATION

Please enter dates in a DD/MM/YY format.

Name:			
Province of residence:		Date of birth:	
Date of hire:		Last day worked:	

SECTION 3: BENEFITS WITH A STATUTORY NOTICE PERIOD

The following benefits may be terminated upon the employee's termination date, or end of ESA (Employment Standards Act). Select all applicable benefits and enter the 'extend until' date.

Short Term Disability	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Long Term Disability	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Optional Life	<input type="checkbox"/>	Extend until 11:59 p.m. on	

SECTION 4: BENEFITS EXTENDED BEYOND THE STATUTORY NOTICE PERIOD

Select all applicable benefits and enter the 'extend until' date.

Group Critical Illness	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Group Life, Dependent Life	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Accidental Death and Dismemberment	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Extended Health Care and Dental Care	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Health Spending Account (HSA)	<input type="checkbox"/>	Extend until 11:59 p.m. on	

Wellness Spending Account (WSA)	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Extended Health Care - Administrative Service Only (ASO)	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Dental Care - Administrative Services Only (ASO)	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Advice to Pay Short Term Disability	<input type="checkbox"/>	Extend until 11:59 p.m. on	
Maple Virtual Care	<input type="checkbox"/>	Extend until 11:59 p.m. on	

SECTION 5: GUARANTEE STANDARD ISSUE (GSI)

Select the following benefit if applicable and enter the 'extend until' date.

Individual Protection (DI)	<input type="checkbox"/>	Policy Number:		Extend until 11:59 p.m. on	
Critical Illness (CI)	<input type="checkbox"/>	Policy Number:		Extend until 11:59 p.m. on	

DISCLAIMER:

This request is subject to review and approval by RBC Insurance®. Policies and practices with respect to the extension of benefits coverage following termination of employment are subject to change without notice.

NEXT STEPS:

Email this completed form to RBC Insurance Group Policy Level Change Team (plc@rbc.com).
Remember to cc your Client Relationship Specialist.

RBC Life Insurance Company
PO Box 1840, Mississauga, ON L5N 7Y5, 1-866-264-2173
www.rbcinsurance.com