

This is a **two-page** form. *The Employment Standards Act (ESA)* of Ontario provides leaves of absence for which you may be entitled to continuation of benefits and/or pension. To qualify for continued coverage during an eligible leave you must be an active working member in benefits/pension at the time of your leave. Notify your employer and the IBEW Local 353 Union Hall before taking a leave of absence. Please complete, sign, and date this form to maintain your benefits and/or pension during a leave listed below then return it to TEIBAS. Contact the IBEW Local 353 for information on jury duty and bereavement leaves. If you have any questions related to this form you can email us at members@teibas.com or call us at 416-637-6789 or toll-free at 1-800-267-0602.

1. MEMBER INFORMATION: REQUIRED

Social Insurance No. (SIN): (optional)		PIN – 10-digit number on drug card:	
Last Name:		First Name:	Middle Initial(s):
Apartment No.:	Address:		
City:		Province:	Postal Code:
Home Phone:	Alternate Phone:	Email Address:	
Date of Birth: (DD/MM/YYYY)	Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> X	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Common-Law <input type="radio"/> Separated/Divorced	

Eligibility

To qualify for benefit coverage and/or pension credits during your leave you must meet the eligibility requirements under the ESA which are outlined on page 2 of this form. Your health and welfare benefit coverage and pension credits will be based on the leave dates indicated on your application form. For leaves starting or ending mid-month, credits will be pro-rated. The length of the leave is up to you, however, once a leave has commenced it must be taken all at once. Any return to work or partial return to work will end the leave.

Leave information and requirements*

You will need to provide evidence of receipt of Employment Insurance (EI) benefits for the leaves listed here and/or information from a qualified medical practitioner. See the second page of this form for details. You may also qualify for Supplemental Unemployment Benefits (SUB), contact the IBEW Local 353 Union Hall at 416-510-3530. Remember when you return from a Pregnancy Leave or Parental Leave please provide a completed Change/Update of Information Form to TEIBAS as well as a copy of your child's birth certificate or adoption order to ensure they are put on the benefit plan.

Type of Leave Requested	Start Date DD/MM/YYYY	End Date DD/MM/YYYY
Child Death Leave		
Critical Illness Leave		
Crime Related Child		
Disappearance Leave		
Domestic or Sexual Violence Leave		
Family Caregiver Leave		
Family Medical Leave		
Organ Donor Leave		
Pregnancy Leave		
Parental Leave		
Other leaves**		

I consent to the collection, use and disclosure of all information provided on this form for the purposes outlined in the TEIBAS Privacy Policy. I also certify that all of the information provided on this form is correct and accurate to the best of my knowledge.

Member Signature: _____ Date: (DD/MM/YYYY) _____

*For more details on leaves and requirements see page 2 of this form or read the *Employment Standards Act Guide*.

**For other types of leaves, members may be eligible for wage replacement due to time missed at work as a result of jury duty, subpoena as a witness, and bereavement leave. Contact the IBEW Local 353 Union Hall at 416-510-3530 for additional information.

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TYPES OF LEAVES

Child Death Leave

A member can take up to 104 weeks of leave related to the death of a child. "Child" means a child, stepchild or foster child, or child who is under legal guardianship, all of whom must be under 18 years of age. The member must have been employed by their employer for at least six consecutive months to be eligible for this leave.

Crime Related Child Disappearance Leave

A member can take up to 104 weeks with respect to the crime related disappearance of a child. "Child" means a child, stepchild, foster child or child who is under legal guardianship, all of whom must be under 18 years of age. The member must have been employed by their employer for at least six consecutive months to be eligible for this leave.

Critical Illness Leave

Critical illness leave may be taken to provide care or support of up to 37 weeks in relation to a critically ill minor child family member, or 17 weeks in relation to a critically ill adult family member within a 52-week period. The member must have been employed by their employer for at least six consecutive months to be eligible for this leave.

Family Medical Leave

A member can take a leave of absence of up to 28 weeks to provide care or support to certain family members if a qualified medical practitioner issues a certificate stating that the individual has a serious medical condition with a significant risk of death occurring within a 26-week period. Please provide this information with your application. No diagnosis should be provided. There is no requirement that the member have been employed for a specified time period to be eligible for this leave.

Domestic or Sexual Violence Leave

A member can take up to 10 individual days and 15 weeks in a calendar year of time off to be taken for specific purposes when a member or a member's child has experienced or been threatened with domestic or sexual violence. The 15 weeks may be taken consecutively or separately, but must be taken in weeklong periods. The first five days of this leave are paid. The member must have been employed by their employer for at least 13 consecutive weeks to be eligible for this leave.

Family Caregiver Leave

A member can take Family Caregiver Leave for up to 8 weeks per calendar year to provide care or support to certain family members if a qualified medical practitioner has issued a certificate stating that the family member has a serious medical condition. The 8 weeks of a family caregiver leave do not have to be taken consecutively. However, the member must take the leave in one-week periods. There is no requirement that the member have been employed for a specified time period to be eligible for this leave.

Organ Donor Leave

A member may take up to 13 weeks for the purpose of undergoing surgery to donate all or part of certain organs to a person. In some cases, organ donor leave can be extended for up to an additional 13 weeks. Attach a qualified medical practitioner certificate confirming you will undergo organ donation surgery, indicating the start date of the leave and end date of leave/or to extend a leave because the employee is not yet able to perform the duties of their position. The member must have been employed by their employer for at least 13 consecutive weeks to be eligible for this leave.

Pregnancy and Parental Leave

A pregnant member who has been employed for at least 13 weeks before their due date has the right to take pregnancy leave of up to 17 weeks. The leave can start as early as 12 weeks before the baby is due and must be taken within 17 weeks of the birth. A parent who takes pregnancy leave is entitled to take up to 61 weeks of parental leave. All other parents are entitled to take up to 63 weeks of parental leave. All parents must have been employed for at least 13 weeks prior to beginning their leave. Please provide a medical certificate confirming your baby's anticipated due date. Pregnancy and parental leave should follow each other.

Please provide a completed **Change/Update of Information Form** to TEIBAS as well as a copy of your child's birth certificate or adoption order to ensure they are put on the benefit plan.

All leaves are subject to the provisions and standards outlined in the *Employment Standards Act of Ontario* and its regulations. Read the *Employment Standards Act Guide* for more details.

Please send your completed and signed form to TEIBAS via mail, fax, or scan and email. See contact information below.