



A division of CFMWS
Une division des SBMFC

LEAVE WITHOUT PAY (LWOP)

Group Contract No. 901102



1. MEMBER INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Number (SN)	Rank	Surname	First Name	Initials
<input type="text"/>			<input type="text"/>	
Mailing Address			Home Phone #	
<input type="text"/>			<input type="text"/>	
PO Box, Rural Route, etc.			(circle) work/cell phone/pager #	
<input type="text"/>			<input type="text"/>	
City	Province	Postal Code	E-Mail Address	

2. LWOP (DURATION, REASON & PREMIUM DUE)

THIS FORM IS NOT REQUIRED FOR MATERNITY OR PARENTAL LEAVE

From: _____ To: _____

Reason: _____
(I.e. Education leave, accompanying spouse on posting, etc.)

Premium payable direct to insurer (MANULIFE) \$ _____ This premium is for _____ month(s) of coverage.

(Electronic Funds Transfer (EFT) is not available)

3. TERMINATION OF ALLOTMENT(S) — Commencement of LWOP

Type of Coverage	Allotment Code	Amount \$	Effective
LTD			
SIB/DL			
OGTI-Member			
OGTI-Spousal			
SDP			

4. RE-START OF ALLOTMENT(S) — Completion of LWOP

Type of Coverage	Allotment Code	Amount \$	Effective
LTD			
SIB/DL			
OGTI-Member			
OGTI-Spousal			
SDP			

5. SIGNATURE

Declaration and Authorization by Applicant

a. I certify that all information given on this form is complete and true in every respect;

b. I authorize SISIP Financial, Manulife or its reinsurers, for underwriting, administration of insurance and claims paying purposes, to gather only the necessary information for the object of the file, from any person or organization that has personal information relating to me;

c. I also authorize SISIP Financial, Manulife or its reinsurers, to disclose only the necessary personal information they have on me to the same persons or organizations specified in paragraph b.

The information provided on this form is protected from unauthorized disclosure under *Canada's Privacy Act* and is available to you upon request.

Member's Signature

Day Month Year

Please attach payment of premium to this completed form and mail to:
Original: SISIP Financial, National Defence Headquarters, 4210 Labelle Street, Ottawa, ON K1A 0K2
Duplicate: Retained by member.