

PERSONNEL DEPARTMENT CIRCULAR No. 2 of 2008

FROM : Chief Personnel Officer

TO : Permanent Secretaries, Heads of Department, Heads of Statutory Authorities subject to the Statutory Authorities Act, Chapter 24:01, and the Chief Administrator, Tobago House of Assembly

DATE : November 17, 2008

SUBJECT : *Inclusion of officers on leave of absence without pay in the UNIMED Group Health Plan for monthly paid officers*

You will recall that with effect from April, 2004, a contributory Group Health Plan referred to as the UNIMED Plan (monthly paid) has existed and membership in the Plan is compulsory for monthly paid officers in the Civil Service, the Tobago House of Assembly and those Statutory Authorities that are subject to the Statutory Authorities Act, Chapter 24:01 as well as members of the Teaching Service. Eligible officers may continue to be covered under the Plan in the following circumstances:

- (i) while on approved leave of absence of any kind in respect of which he/she is in receipt of full or partial pay; and
- (ii) while on periods of extension of sick leave without pay provided that the officer pays the full monthly contribution.

However, persons engaged on contract, part-time employees of Government and temporary monthly paid officers with less than two (2) years continuous service are not eligible to become members of the Plan.

2. Since the introduction of the Plan, there have been numerous requests for persons who are granted leave of absence from duty without pay for different reasons to continue to be covered under the Plan during periods of absence. In this regard, it has been decided that with effect from **the date of this Circular**, the arrangements governing the UNIMED Plan (monthly paid) should be varied to provide for officers in the Civil Service, the Tobago House of Assembly and employees of Statutory Authorities that are subject to the

Statutory Authorities Act, Chapter 24:01 to continue coverage in the Plan, where those officers are granted leave of absence from duty without pay in the circumstances set out below:

- (i) on grounds of public policy to take up employment, on contract in a temporary non-established position in Ministries/ Departments/the Tobago House of Assembly and Statutory Authorities that are subject to the Statutory Authorities Act, Chapter 24:01; and
 - (ii) under regulation 84 of the Civil Service Regulations, Chapter 23:01 to accept employment with the Public Services Association (PSA), the appropriate recognized association representative of officers in the Civil Service, the Tobago House of Assembly and employees of certain Statutory Authorities that are subject to the Statutory Authorities Act, Chapter 24:01.
3. The following conditions shall be applicable in the circumstances:
- (i) an officer who has been granted leave of absence without pay in the circumstances stated above is required **prior to the commencement of such leave** to exercise an option to continue coverage under the Plan;
 - (ii) once the option to continue coverage under the UNIMED Group Health Plan while on leave of absence without pay is exercised, it cannot be rescinded;
 - (iii) an officer who exercises the option at (i) above, must continue to make the necessary contributions to the Plan with effect from the date elected by him/her for the duration of the period of leave of absence without pay;
 - (iv) the officer at (iii) is required to pay the **full** contribution of \$90 per month or such other sum which may be agreed upon between the Employer and the PSA while on leave of absence without pay; and
 - (v) the officer is required to complete the appropriate Employee Agreement Form A or B indicating his/her agreement to these conditions.
4. Attached as Appendix I is a specimen of the Employee Agreement Form A which must be completed by officers who are granted leave of absence without pay on grounds of public policy to take up employment on contract in temporary, non established positions in Ministries/Departments/the Tobago House of Assembly and Statutory Authorities that are subject to the Statutory Authorities Act and who opt to continue coverage in the Plan. A specimen of the Employee Agreement Form B is attached as Appendix II. This Form must

be completed by officers who are granted leave of absence without pay to take up employment with the appropriate recognized association, the Public Services Association and who opt to continue coverage in the Plan.

5. The Employee Agreement Form A must be filled out in triplicate and signed by the officer who has been granted leave of absence without pay on grounds of public policy. All copies of the signed Form as well as a copy of the approval of the grant of leave of absence without pay on the grounds of public policy must be submitted to the Liaison Officer in the Human Resource Unit of the Ministry/Department/Statutory Authority/the Tobago House of Assembly where the officer is employed on contract. The Liaison Officer is required to confirm the information therein, sign all copies of the completed Form and indicate the date of its receipt. The officer in charge of the Accounting Unit in that Ministry/Department/Statutory Authority/Tobago House of Assembly is also required to sign and indicate the date of receipt of the Form as the authority to commence deductions from the officer's salary towards the Plan. The original of the completed Form should be retained in the Accounting Unit and a copy returned by the officer to the Liaison Officer who shall, where necessary, record the officer as an addition to the Plan. The third completed copy is to be retained by the officer.

6. The Employee Agreement Form B must be filled out in triplicate by the officer who has been granted leave of absence without pay to take up employment with the PSA. All copies of the Form B must be submitted to the officer in charge of the Accounting Section of the PSA who is required to sign same and indicate the date of receipt as the authority to commence deductions from the officer's salary as contributions towards the Plan. The officer in charge should retain one copy of the Form. A copy is to be submitted to the Liaison Officer in the Ministry/Department/Statutory Authority /Tobago House of Assembly to which the officer is substantively appointed, who should ensure that the officer is recorded in that organization as a deletion from the Plan when the monthly list of changes statement is prepared. The third completed copy is to be retained by the officer.

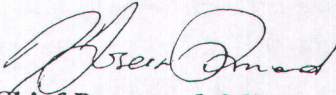
7. Officers who are currently on approved leave of absence in the circumstances stated at paragraph 2 above, are required to exercise an option no later than **December 31, 2008** to continue coverage in the Plan with effect from the date of this Circular. This must be done by completing the relevant Employee Agreement Form. Payment of contributions must be made in accordance with the arrangements specified at paragraph 8. In the event that an officer does not submit his/her completed Form, he/she will remain suspended from the Plan until he/she actually resumes duty in his/her substantive position.

8. Officers are reminded that as provided for in Comptroller of Accounts Circular No. 3 dated 2006 June 5, the full contribution, currently \$90 per month, is paid in respect of the month or any part thereof, and therefore cannot be pro-rated. Additionally, contributions are payable **in advance** of the month of coverage.

9. Kindly ensure that the contents of this Circular are brought to the attention of all employees in your organization, particularly those officers assigned the responsibility for the administration of the UNIMED Plan (monthly paid) and persons employed on contract.

Additionally you should ensure that the attached Employee Agreement Forms A and B are copied and made available to staff.

10. This Circular has been issued with the concurrence of the Public Services Association.


Chief Personnel Officer

EMPLOYEE AGREEMENT FORM A
(EMPLOYMENT ON CONTRACT IN MINISTRIES/DEPARTMENTS/
STATUTORY AUTHORITIES/TOBAGO HOUSE OF ASSEMBLY)

UNIMED GROUP HEALTH PLAN (MONTHLY PAID)

NAME OF EMPLOYEE

[Empty box for Name of Employee]

SUBSTANTIVE OFFICE:

[Empty box for Substantive Office]

MINISTRY/DEPARTMENT/
STATUTORY AUTHORITY/
TOBAGO HOUSE OF ASSEMBLY
TO WHICH SUBSTANTIVELY APPOINTED

[Empty box for Ministry/Department/Statutory Authority]

MINISTRY/DEPARTMENT/
STATUTORY AUTHORITY/
TOBAGO HOUSE OF ASSEMBLY
IN WHICH EMPLOYED ON CONTRACT

[Empty box for Ministry/Department/Statutory Authority]

NIS NO.

[Empty box for NIS NO.]

I hereby agree to continue my coverage under the UNIMED Group Health Plan (monthly paid) with effect from..... while on leave of absence without pay on grounds of public policy granted over the period to to take up employment on contract as
NAME OF CONTRACT POSITION

in the
MINISTRY/DEPARTMENT/STATUTORY AUTHORITY/TOBAGO HOUSE OF ASSEMBLY

I agree that the full contribution of \$90 per month or such other sum as may be agreed upon between the Employer and the appropriate recognized association, shall be deducted from my salary with effect from the month ofand that this deduction shall continue until the expiration of my period of leave of absence without pay on grounds of public policy.

(Once the option to continue coverage under the UNIMED Group Health Plan while on leave of absence without pay is exercised, it cannot be rescinded.)

Employee's Signature

Date

Received by

(Liaison Officer, Human Resource Unit
of the Ministry/Department/Statutory Authority/
Tobago House of Assembly in which employed on
contract)

Date

(Officer in Charge, Accounting Unit)

Date

To be completed in Triplicate – 1 Copy to the Accounting Unit,
1 Copy to the Liaison Officer, Human Resource Unit,
1 Copy to be retained by the Officer

EMPLOYEE AGREEMENT FORM B
(EMPLOYMENT WITH APPROPRIATE RECOGNIZED ASSOCIATION)

Public Services Association

UNIMED GROUP HEALTH PLAN (MONTHLY PAID)

NAME OF EMPLOYEE

SUBSTANTIVE OFFICE

MINISTRY/DEPARTMENT/
STATUTORY AUTHORITY/
TOBAGO HOUSE OF ASSEMBLY
TO WHICH SUBSTANTIVELY APPOINTED

NIS NO.

I hereby agree to continue my coverage under the UNIMED Group Health Plan (monthly paid) with effect from while on leave of absence without pay over the period to take up employment with the Public Services Association.

I agree that the full contribution of \$90 per month or such other sum as may be agreed upon between the Employer and the Public Services Association shall be deducted from my salary with effect from the month ofand that this deduction shall continue until the expiration of my period of leave of absence without pay.

(Once the option to continue coverage under the UNIMED Group Health Plan while on leave of absence without pay is exercised, it cannot be rescinded.)

Employee's Signature

Date

Received by

(Officer in charge, Accounting Section PSA)

Date

To be completed in Triplicate - 1 Copy to the Accounting Unit, Public Services Association
1 Copy to the Liaison Officer, Human Resource Unit,
1 Copy to be retained by the Officer