



AGENCY BENEFITS COORDINATOR USE

SSN _____
 EMPLID _____

INSTRUCTIONS

This form is to be completed by a plan member to continue insurance benefits while on leave without pay. You must sign, date and return this form to your agency benefits coordinator.

FAILURE TO SIGN AND SUBMIT THIS FORM TIMELY WILL IMPACT YOUR BENEFITS.

LEAVE WITHOUT PAY — CONTINUE COVERAGE

- Maximum period to continue coverage is two years.
- Leave is approved by the employing agency.
- When you have been on leave without pay for one full calendar month, your agency benefits coordinator must notify Benefits Administration to transfer billing to your home address.
- You will be billed at home for 100 percent of the premium for health, dental, vision, basic life and voluntary accidental death and dismemberment coverages, if enrolled, once you no longer receive a paycheck.
- If applicable, you will be billed directly by the insurance carrier for voluntary term life, universal life and long-term care.
- If you do not return to active work status prior to the allowed two-year leave of absence, coverage will be discontinued and COBRA coverage will not be offered.
- You must return to work and be in a positive pay status for one full calendar month before you will be eligible to go on another leave of absence.
- If you become unable to continue paying the premiums you may request suspension of coverage. You must submit a written request, signed and dated, before your premiums are past due. If you request your coverage to be suspended during your remaining leave of absence you will be allowed to re-enroll upon your return to work.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME (PRINT)	SIGNATURE (REQUIRED)	DATE

TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

BEGIN BILLING EMPLOYEE 100% FOR COVERAGE EFFECTIVE (MUST BE FIRST OF MONTH)	END BILLING FOR COVERAGE EFFECTIVE (MUST BE FIRST OF MONTH)
AGENCY	
AGENCY BENEFITS COORDINATOR SIGNATURE	DATE

Agency MUST notify Benefits Administration when the employee returns to work