



AGENCY BENEFITS COORDINATOR USE

SSN _____
 EEMPLID _____

INSTRUCTIONS

This form is to be completed by a state employee to continue insurance benefits while on an approved family medical leave. 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 OF ABSENCE — FAMILY MEDICAL LEAVE

- Leave is for a maximum of 12 weeks during a 12-month period.
- Leave is approved by the employing agency.
- You will continue to pay 20 percent of the health premium through direct monthly billing once you are no longer receiving a paycheck.
- When you have been on leave without pay for a full calendar month, your agency benefits coordinator must notify Benefits Administration to transfer billing to your home address.
- You will be billed by Benefits Administration for medical, dental, vision, basic life and voluntary accidental death and dismemberment coverage, if you are currently enrolled.
- If enrolled in voluntary term life, universal life or long-term care you will be billed directly by the insurance carrier.
- If on approved FMLA you cannot be placed on leave without pay until FMLA has been exhausted and you have been without pay for one full calendar month. When all FMLA has been exhausted, you must either return to work, request to suspend coverage or request to continue coverage and pay 100 percent of the health premium.
- If Benefits Administration suspends coverage due to non-payment of premium, coverage can be reinstated when you return from leave. Reinstatement can be effective the first of the month following your return from leave or retroactively to the first of the suspension date if back premiums are paid.

TO BE COMPLETED BY EMPLOYEE

EMPLOYEE NAME (PRINT)	SIGNATURE (REQUIRED)	DATE

TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

BEGIN BILLING EMPLOYEE 20% 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