Employee Name:       Date:      /     /

 (Please print)

Type of Leave of Absence: [ ]  FMLA [ ]  Medical [ ]  Summer Leave

[ ]  Military Leave [ ]  Personal Leave [ ] Other

I understand that:

While I am on my leave, I am responsible for continuing to pay the employee portion of my benefit premiums and the Agency will continue to pay their portion of the benefit premium.

Current benefit elections and associated costs are outlined below as identified by the Finance Department:

[ ]  Health Insurance:

Coverage: [ ]  Employee [ ]  Employee + Child [ ]  Employee + Spouse [ ]  Family

Employee bi-weekly cost is $      this equates to a monthly cost of $     .

[ ]  Dental Insurance:

Coverage: [ ]  Employee [ ]  Employee + Child [ ]  Employee + Spouse [ ]  Family

Employee bi-weekly cost is $       this equates to a monthly cost of $     .

[ ]  Voluntary Life and AD&D

Coverage: [ ]  Employee [ ]  Spouse [ ]  Child

Employee bi-weekly cost is $      this equates to a monthly cost of $     .

[ ]  Other Deductions:

[ ]  \*403(b) Loan        [ ]  Garnishments       [ ]  Other

**Total Benefit monthly Cost is: $** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 I select the following payment option:

**Option #1**

[ ]  I elect to pay my portion of the total benefits cost monthly, at the rate of $      per month.

Payments will be due to the Finance Department by the 1st of the Month to be covered. (For example, the premium due to cover July is due July 1st). I understand that these payments will be post-tax rather than pre-tax.

**Missed Bimonthly** **First Monthly** **Total first installment**

***\*Important Information regarding non-payment for Options 1:*** If you choose Option 1 and fail to make benefit payments as agreed to you will be responsible for paying the entire amount owed from your first paycheck upon return from your leave.

**If you choose not return to work at the end of your Leave, full payment is due upon the scheduled return to work date. Nonpayment will result the termination of benefits retroactively to the last date of payment.**

**Option #2**

[ ]  I elect to have **the total amount owed for my unpaid benefit deductions** withheld from the first paycheck after my return from leave. . I understand that I cannot postpone or suspend these payments. (PLEASE NOTE, THIS OPTION IS ONLY AVAILABLE TO STAFF THAT HAVE SINGLE MEDICAL COVERAGE)

***\*Important Information regarding non-payment for Option 2:*** If you choose option 2 and have a loan from your 403b loan, you must continue to make regular pay through your summer leave or your loan will go into default. You may choose option 2 for other benefit deductions, but must make other options for your 403b loan.

**If you choose not return to work at the end of your Leave, full payment is due upon the scheduled return to work date. Nonpayment will result the termination of benefits retroactively to the last date of payment.**

Employee Name:       Date:      /     /

 (Please print)

Employee Signature:

Human Resources:       Date:      /     /