

INTEGRATED BENEFITS ADMINISTRATION

Flexible Spending Accounts | Health Reimbursement Arrangements | Health Savings Account Administration | COBRA Administration

Leave of Absence

There are three different kinds of Leave of Absence. Each type of leave is subject to different requirements. Determine which one applies to you, or your employee's situation. Please complete this form and return to **Integrated Benefits Administration** before the employee goes on leave, or immediately following the beginning of the leave. Our contact information can be found at the bottom of this form. Be sure to keep a copy of this form for your records.

Company Name: _____ Date (MM/DD/YYYY): _____

Employee Name: _____

Employee ID: _____
(First initial, last name, last four digits of Social Security #)

Date Leave Begins (MM/DD/YYYY): _____ Type of Plan: _____
(DCA, FSA, HRA, HSA)

Last Payroll Date before Leave (MM/DD/YYYY): _____

Type of Leave:

Family and Medical Leave (FMLA) Leave of Absence (Not FMLA) Military Services Leave (USERRA)

Complete this Section for Unpaid Family and Medical (FMLA) Leave of Absence

FMLA only affects health benefits such as, group medical insurance, health flexible spending account (FSA), or a health reimbursement arrangement (HRA). Non-medical benefits such as life insurance, disability insurance, and dependent care FSA are not affected by FMLA regulations.

I **do not** wish to make up my deductions for health benefits. I understand that services incurred while on leave are not eligible for reimbursement and my annual election will be adjusted by the amount of the missed deductions. I understand I may elect to reinstate my elections when I return.

I would like my elections reinstated when I return from leave.

I do not want my elections reinstated when I return from leave. My plan coverage will terminate, and I have 90 days to submit claims for services incurred prior to my leave.

I **do** wish to make up my deductions for health benefits. I understand this continues my plan coverage. With my employer's approval, I would like to elect the following payment option:

Pre-pay: I choose to pay for deductions that I will miss prior to my leave.

Pay as I go: I will continue to make payments for the deductions that I will miss while on leave.

Catch up: I elect to make up my missed deductions when I return from leave.

10588 W. Business Park Lane ▪ Boise, Idaho 83709

Office: 208.287.0310 ▪ Fax: 208.287.0311

www.myconsumerplan.com

Leave of Absence (Continued)

I **do not** want to make up my deductions missed while on leave. I understand that my plan coverage will end the day my leave is effective. I will only be permitted to re-enroll as allowed by the plan. I understand that only services incurred prior to my leave date are eligible for reimbursement. The employee will have 90 days from the leave date to submit claims for services incurred prior to the leave.

I **do** want to make up my deductions missed while on leave. With my employer's approval, I would like to elect the following payment option:

- Pre-pay: I choose to pay for deductions that I will miss prior to my leave.
 - Pay as I go: I will continue to make payments for the deductions that I will miss while on leave.
 - Catch up: I elect to make up my missed deductions when I return from leave.
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Complete this section for Military Services Leave Covered by Uniformed Services Employment and Reemployment Rights Act (USERRA).

USERRA mandates COBRA-like qualities to protect veterans' rights to health benefits while away from employment. An employee who leaves employment for service in the military is entitled to health coverage for him/her self and dependents for a period equal to the lesser of:

- (1) 24 months beginning on the date on which the employee's military leave of absence begins; or
- (2) The period starting the date on which the employee's military leave of absence begins, and ending on the date the employee returns from service, or applies for a position as provided in the USERRA regulations.

If the employee is on military leave less than 31 days, the employer may only charge the amount the employee would have paid, if any, for the health coverage had they continued to be actively employed with the employer. If the employee is on military leave for more than 31 days, the employer may charge up to 102% of the full premium under the plan.

I **do not** want to continue health coverage in the plan while I am on military leave. I understand that my plan coverage will end. I may be eligible to re-enroll in the plan upon my return from military leave.

I **do** want to make up my missed deductions in order to keep my health coverage in the plan. With my employer's approval, I choose the following payment option:

- Pre-pay my deductions before I go on leave.
 - Pay as I go while I am on leave.
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Employee Signature: _____ Date (MM/DD/YYYY): _____

Employer Signature: _____ Date (MM/DD/YYYY): _____
(Payroll/HR Department)