

INSURANCE COVERAGE AGREEMENT WHILE ON UNPAID LEAVE OF ABSENCE

Type of Leave of Absence: (check one)					
<input type="checkbox"/> FMLA Family Medical Leave Act	<input type="checkbox"/> ICA Worker's Compensation	<input type="checkbox"/> LOA Leave of Absence	<input type="checkbox"/> Military Leave Short-Term Leave	<input type="checkbox"/> Military Leave Long-Term Leave	
<i>NOTE: If you are on ICA or LOA for medical reasons, you expect to be off work for longer than six months and you contribute to the Arizona State Retirement System, contact Human Resources Benefits at 740-2798 for information about the Long Term Disability Program.</i>					
Employee Information:					
Employee Name		HI ORG	EIN	Work Phone	
Address		City	State	Zip Code	
Last Day of Work		First Day of Leave (PAF)		Estimated Date of Return	
Level of Coverage: (check one)					
<input type="checkbox"/> Elect to CONTINUE current level of coverage for medical, dental and supplemental life insurance.					
<input type="checkbox"/> Elect to CANCEL all medical, dental and supplemental life insurance coverage.					
<input type="checkbox"/> Elect to AMEND level of coverage by:					
<input type="checkbox"/> dropping the following dependent(s):					
<input type="checkbox"/> canceling one of the following coverage(s): <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Supplemental Life					
Insurance	Name of Plan / Option	Plan Code	Employee's Premium	County's Premium	Total
Medical					
Dental					
Supp. Life	Humana Group	SL			
Payment due each pay day beginning:			\$	-OR-	\$
Premium Payment Instructions					
Premium payments are due each pay period and must be received in Human Resources on the pay date for the covered payroll period. Payments must be made payable to: “Pima County Treasurer” and delivered or mailed to Pima County Benefits, 150 W. Congress - 4th Floor, Tucson, AZ, 85701.					
Statement of Understanding:					
<i>While I am on an unpaid leave of absence under FMLA, Workers Compensation, Short-Term Military Leave, or Military Leave for Operation Enduring Freedom, I am only responsible for my portion of the premium and the County will continue to pay its share of the premium for the level of coverage that I have selected. While I am on an unpaid leave of absence for any other reason, I am responsible for payment of both my portion and the County's portion of the premiums. I realize that in order to maintain ancillary coverage (flexible spending accounts, prepaid legal, short term disability, etc.), I must pay the provider directly during an unpaid leave.</i>					
<i>If while on a leave of absence I have cancelled any of my insurance coverage or dropped any dependent(s), I have up to thirty-one calendar days after my return to work to re-instate my coverage and/or dependent(s). I will be charged the appropriate premium that coincides with the beginning of the pay period in which my return to work occurs and NOT when my form was submitted.</i>					
<i>Refer to Administrative Procedures 23-4 for complete definitions, procedures and responsibilities.</i>					
Employee Signature:				Date:	
Benefits Representative Signature:			Phone:		Date:
HR Rec'd	LOA Desk	Actives Desk		Copies	