BENEFITS COVERAGE FORM
EMPLOYEES ON LEAVE WITHOUT PAY

Name: ___________________________________ Employee ID #: _________________

Leave without Pay: From: ____________________ To: __________________________

Reason for Leave Without Pay (please check the appropriate box)

___ Work Related Injury (Workers Compensation)

___ Approved Family Medical Leave (approved request for medical leave form attached)

Period of FMLA: From: ______________ To: _______________

___ Other (please indicate the reason for the leave)_________________________

Please read the special conditions outlined below which apply to benefit coverage during leave without pay before making an election to cancel coverage.

Workers Compensation: When an employee is on leave without pay due to a work-related injury LSU Ag Center pays the employer portion of the group health plan and State Group life coverage. The employee pays their portion of the premium for these plans. In addition, the employee continues to pay the premium for the Supplemental Benefits Plans.

Approved Family Medical Leave: LSU Ag Center pays the employer portion of the group health plan and State Group life coverage while an employee is on an approved family medical leave without pay. The employee must pay their portion of the health premium during the leave period. In addition, the employee must pay the total premium cost for supplemental benefit plans. If health coverage is cancelled during the leave period, insurance may be reinstated upon return from leave on the same terms as prior to taking leave, without any qualifying period, physical examination, or exclusion of pre-existing conditions. Reinstatement forms must be completed within 30 days of an employee's return from family medical leave. If the enrollment forms are submitted to Human Resource Management by the 14th of the month, coverage will be reinstated the 1st of the following month.

Military Leave: The employee must contact Human Resource Management (578-2258) prior to going on military leave. LSU Ag Center pays the employer portion of health and life coverage when an employee is on military leave. If insurance is cancelled while on military leave, it may be reinstated upon return. Reinstatement forms must be completed with 30 days of an employee's return from military leave. If the enrollment forms are submitted to Human Resource Management by the 14th of the month, coverage will be reinstated the 1st of the following month.

Other Leave without Pay: The employee pays the entire premium cost (Employee & Employer) for all benefit plans.

Authorization to Continue or Cancel Benefit Coverage During the Leave Period.

Please indicate below which benefit plans you wish to continue or cancel during the leave without pay period:

The LSU Payroll Department will bill you directly for the Health and State Group Benefits Life premiums. Premiums are due and payable by the 5th of the month. Premiums may be paid quarterly or monthly but must be paid in advance. Failure to remit premiums by the due date could result in cancellation of coverage.

** If any of these coverage's are cancelled during this period and you wish to re-instate coverage, you will have to go through the medical underwriting process before you will be guaranteed for coverage.

Medical Insurance: Level of coverage ________ Premium __________ Continue ________ Cancel ________

State Group Life:** Level of coverage ________ Premium __________ Continue ________ Cancel ________

Supplemental Plans:

The employee must make payments of the premiums for these supplemental plans directly to the Ag Center HRM office. Checks are to be made payable to "LSU" and received in the HRM Office no later than the 3rd of each month.

Dental Insurance: Level of coverage ________ Premium __________ Continue ________ Cancel ________

Vision Insurance: Level of coverage ________ Premium __________ Continue ________ Cancel ________

Accident Insurance: Level of coverage ________ Premium __________ Continue ________ Cancel ________

Accidental Death & Dismemberment:
Level of coverage ________ Premium __________ Continue ________ Cancel ________

Critical Illness: Level of coverage ________ Premium __________ Continue ________ Cancel ________

Long Term Care:** Level of coverage ________ Premium __________ Continue ________ Cancel ________

Long Term Disability#: Level of coverage ________ Premium __________ Continue ________ Cancel ________

LSU Voluntary Life:** Level of coverage ________ Premium __________ Continue ________ Cancel ________

#Long Term Disability Insurance administered by United HealthCare

Your Long Term Disability Plan will be automatically reinstated when you return to a paid status unless you elect to cancel your plan. If you are going out on leave without pay due to a disability and have applied or will apply for your disability benefits, you are required to remit premiums for your 90-day elimination period. Make your personal check payable to the LSU and remit to 103C Efferson Hall.
Note: If you are not going out on a disability and want to be covered in the event of a disability while on leave without pay, premiums must be paid in a lump sum by the employee for the duration of the leave.

I understand that I will be limited to retaining any of the above coverage for a maximum of one (1) year while on leave without pay except for military leave. After one year, I may continue the medical coverage through COBRA.

I understand that if I cancel my coverage while I am on leave without pay, I will have to reapply for coverage and provide proof of insurability in order to reinstate coverage. The only exception to this provision is the reinstatement of benefits upon return from military leave.

I understand that an unpaid leave of absence is a change in family status for which I may revoke a Flexible Benefits Plan (Tax Saver Plan) election. If I elect to cancel insurance plans, which are included in the Flexible Benefits Plan, I am revoking my Flexible Benefits Plan election. If I return to a paid status during the current plan year, I will not be allowed to re-enroll in the Flexible Benefits Plan. I may enroll in the Flexible Benefits Plan for the <u>next plan year</u> during October annual enrollment. The only exception to this provision is the reinstatement of benefits upon return from family medical leave or military leave.

BILL ME AT: ____

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PHONE NUMBER: __________________________________

____ ______________________

Signature Date