

# Cumberland Regional School District

## GROUP HEALTH CARE OPTIONS WHILE ON LEAVE OF ABSENCE

EMPLOYEE NAME: \_\_\_\_\_

While on FMLA-and/or NJFLA-protected leave, you have certain options available to you pertaining to your group health care coverage. Please complete the form below and return to Jackie Jackson as soon as possible. If you have any questions or would like to discuss these options, please contact me.

### **GROUP HEALTH BENEFITS**

1.  I do not currently have group healthcare coverage with Cumberland Regional School District.
2.  I do not anticipate being in a “non-paid status” at any time during my leave.
3.  Please continue my group healthcare coverage during my leave. I understand that I am responsible for my share of the premiums - Employee Benefit Contribution (EBC) - as long as I am covered, and I am choosing my method of payment below (check one):
  - a)  Please deduct additional EBC from my paychecks prior to the unpaid portion of my leave.
  - b)  Please bill me at home monthly during the unpaid portion of my leave. I understand I have a minimum 30-day grace period in which to make premium payments. If payment is not made in a timely manner, my group health insurance may be cancelled, provided 15-day notice is provided in writing before the date health coverage will lapse.
4.  Please discontinue my group healthcare coverage during my leave (must provide proof of other insurance).

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date