



LOUISIANA STATE UNIVERSITY AND A&M COLLEGE
STAFF 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 pays the employer portion of both group health and 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 plans.

Approved Family Medical Leave: LSU pays the employer portion of health premium when 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 group life insurance and 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.

Military Leave: The employee must contact the Benefits Service Center (578-8200) prior to going on military leave. LSU 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.

Other Leave Without Pay: The employee pays the entire premium cost 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 period:

| Continue Coverage | Cancel Coverage | Not Applicable | Benefit Plan                              |
|-------------------|-----------------|----------------|---|
| _____             | _____           | _____          | • Medical Insurance                       |
| _____             | _____           | _____          | • Group Benefits Life Insurance           |
| _____             | _____           | _____          | • Group Benefits Dependent Life Insurance |

• The LSU Payroll Department will bill for the State Group Benefits medical/life and HMO 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 pay premiums by the due date could result in cancellation of coverage.

| Continue Coverage | Cancel Coverage | Not Applicable | Benefit Plan  |
|-------------------|-----------------|----------------|---|
| _____             | _____           | _____          | *Dental Insurance Plan (contact Ameritas Group at 1-800-659-2223 x. 2037)     |
| _____             | _____           | _____          | *Blue Cross Supplemental Health   |
| _____             | _____           | _____          | *ING Voluntary Term Life Insurance (contact IMA of Louisiana 1-800-742-9944)  |
| _____             | _____           | _____          | *Post Retirement Life Insurance (contact Mr. Doughty 1-800-349-5051)          |
| _____             | _____           | _____          | *American Heritage Universal Life Insurance (contact 1-800-521-3535)          |
| _____             | _____           | _____          | *Always Vision Insurance (contact Tony Murray at Gallagher Benefits 292-3515) |
| _____             | _____           | _____          | *New York Whole Life Insurance (contact Monroe office 318-361-2422)           |

\*Supplemental Plans: The employee must make arrangements to pay the premiums for the supplemental plans directly to the carrier; the checks may be sent to Payroll and then forwarded to the proper carrier.

| Continue Coverage | Cancel Coverage | Not Applicable | Benefit Plan               |
|-------------------|-----------------|----------------|----------------------------|
| _____             | _____           | _____          | ◆ The Hartford (AD&D Plan) |

◆ The Hartford's AD&D Plan will be automatically reinstated when the employee returns to paid status unless the employee elects to cancel this plan.

| Continue Coverage | Cancel Coverage | Not Applicable | Benefit Plan           |
|-------------------|-----------------|----------------|------------------------|
| _____             | _____           | _____          | **Long Term Disability |

\*\*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 a leave without pay due to a disability and have applied or will apply for your disability benefit, you are required to remit premiums for your 90-day elimination period. Make your personal check payable to The Hartford and remit to 304 Thomas Boyd.** *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 leave.* Contact the Benefits Service Center at 225-578-8200 for more information.

**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 approved family medical leave or 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 next plan year during April open enrollment. The only exception to this provision is the reinstatement of benefits upon return from family medical leave or military leave.**

BILL ME AT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_