



Mail, Fax, or Email Completed Form to:

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Phone (630) 773-2337 – Fax (630) 775-8568 – E-mail support@bbpadmin.com

LEAVE OF ABSENCE FORM

Each type of leave is subject to different regulations. Read through the three different leaves to determine which one applies to the employee's situation. Please complete this form and return back to BBP Admin before the employee goes on leave and keep a copy for your records.

Company Name: _____ **Today's Date:** _____

Employee Name: _____ **Social Security Number:** _____

Date the Leave Begins: _____

Which type of leave will the employee be taking?

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

The leave will be: _____ PAID* _____ UNPAID

*Paid leaves of absence are not a qualifying change in status. If the leave is paid, the remainder of the form does not need to be completed.

Please complete this section if leave is Unpaid Family and Medical Leave *FMLA).

An employee may elect to stop his/her deductions while on a FMLA leave and reinstate the deduction at the same amount when he/she returns to work. Services incurred while on leave will not be eligible for reimbursement if deductions are not made up. The employee's annual election will be adjusted by the number of missed deductions.

FMLA only affects health benefits such as group medical insurance, dental, vision, HRA and the Health FSA. Non-medical benefits such as life insurance disability insurance and dependent FSA are not affected by FMLA regulations.

_____ I **do not** wish to make up my deductions. I understand that services incurred while on leave are not eligible and my annual election will be adjusted by the number of missed deductions. Also, I understand I may elect to reinstate my elections when I return at the same amount as when I left.

- I want my elections reinstated when I return from leave.
- I do not want my elections reinstated when I return from leave. My plan will terminate and I have 60 days to submit claims for services incurred prior to my leave.

_____ I **do** wish to make up my deductions. I understand this will keep my plan year open. With my Employer's approval, I would like to elect the following payment option:

- Pre-Pay** – Prior to my leave, I choose to have deductions that I will miss taken pre-tax.
- Pay as I go** – I will continue to make payments to my Employer while on leave. I understand these payments will be made with after-tax dollars.
- Catch up** – I elect to make up my missed deductions when I return from leave. These deductions will be made up on a pre-tax basis.

Employees on an Unpaid Leave of Absence (Not FMLA) complete this section.

To keep the full plan year open, an employee may choose to make up his/her deductions while on an unpaid leave of absence. If he/she chooses **not** to make up the deductions, **the plan year will end as of the date of the leave**. The employee will have 60 days from the day the leave begins to submit claims for services incurred prior to the leave.

_____ I **do not** wish to make up my deductions missed while on leave. I understand my plan will end the day my leave is effective and I cannot re-enroll until the new plan year. Also, I understand that all services incurred must be prior to my leave to be eligible for reimbursement.

- I want my elections reinstated when I return from leave.
- I do not want my elections reinstated when I return from leave. My plan will terminate and I have 60 days to submit claims for services incurred prior to my leave.

_____ I **do** wish 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** – Prior to my leave, I choose to have deductions that I will miss taken pre-tax.
- Pay as I go** – I will continue to make payments to my Employer while on leave. I understand these payments will be made with after-tax dollars.
- Catch up** – I elect to make up my missed deductions when I return from leave. These deductions will be made up on a pre-tax basis.

Employees on Military Services Leave covered by Uniformed Services Employment and Reemployment Rights Act (USERRA) complete the following section:

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/herself and employee's dependents for a period equal to the lesser of:

- (1) 18 months beginning on the date on which the employee's military leave of absence begins; or
- (2) The date after the date on which the employee fails to apply for or return to employment.

If the employee is gone for more than 31 days, the employer may charge up to 102% of the normal premium. If the employee serves less than 31 days, the employer may only charge 100% of the premium.

_____ I **do not** wish to make up my deductions while I am on Military Leave. I understand that my plan year will end and I must wait until the following year to enroll.

_____ I **do** wish to make up my deductions in order to keep my plan year opened. 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.

Employee Signature: _____ Date: _____

Print Name: _____

Employer Signature: _____ Date: _____

Print Name: _____