



LOUISIANA STATE UNIVERSITY AND A&M COLLEGE
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 medical 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 Benefits Plans.

Approved Family Medical Leave: LSU pays the employer portion of the medical insurance premium while an employee is on an approved family medical leave without pay. The employee must pay their portion of the medical premium during the leave period. In addition, the employee must pay the total premium cost for supplemental benefit plans. If medical coverage is cancelled during the leave period, it may be reinstated upon return from leave. 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 from leave. 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 (Employee & Employer) for all benefit plans.

Authorization to Continue or Cancel Benefit Coverage During the Leave Period

Health and OGB Life: The LSU Payroll Department will bill you directly.

Supplemental Plans: The employee must make arrangements with Payroll to pay premiums for supplemental insurance plans (Dental, Vision, Critical Illness, Accident Protection Plan, AD&D, Supplemental Life, LTC, and LTD). Checks may be made out to LSU and sent to Payroll with a list of what the payment is for. Payroll will send the payments to the proper carriers. Premiums are due 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 the coverages listed below with asterisks are cancelled during the Leave Without Pay period and you wish to reinstate coverage, you will have to go through the medical underwriting process before you will be guaranteed for coverage.**

Medical Insurance
 Continue Coverage Cancel Coverage

*****OGB Life Insurance through Prudential**
 Continue Coverage Cancel Coverage

Dental Insurance through United Healthcare
 Continue Coverage Cancel Coverage

Vision Insurance through United Healthcare
 Continue Coverage Cancel Coverage

Critical Illness Insurance through United Healthcare
 Continue Coverage Cancel Coverage

Accident Protection Plan through United Healthcare
 Continue Coverage Cancel Coverage

Stand-alone AD&D (Accidental Death and Dismemberment) through United Healthcare
 Continue Coverage Cancel Coverage

*****LSU Supplemental Life Insurance through United Healthcare**
 Continue Coverage Cancel Coverage

*****UNUM Long-Term Care Insurance**
 Continue Coverage Cancel Coverage

*****Long-Term Disability through United Healthcare**
 Continue Coverage Cancel Coverage
 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.
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 within 30 days of returning from Leave Without Pay.

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 annual enrollment in October. The only exception to this provision is the reinstatement of benefits upon return from family medical leave or military leave.

BILL ME AT: _____

Employee's Signature _____ Date _____ Revised 04/10/2017

