



North Carolina Department of Correction

214 West Jones Street • 4203 MSC • Raleigh, NC 27699-4203

Beverly Eaves Perdue
Governor

Valerie F. Robinson
Director of Human Resources

Alvin W. Keller, Jr.
Secretary

DATE:

MEMORANDUM

TO: *Employee*
FROM: *DOC Central Personnel*

***DRAFT letter to be sent
by Central Personnel***

RE: Termination of State Health Plan Coverage

This letter is to advise you that your state sponsored health coverage under the Family Medical Leave (FMLA) guidelines for the NC State Health Plan has expired.

Records indicate that you have been on Leave of Absence (LOA) due to Family Medical Leave (FML) since _____. Your FML entitlement expired on _____. Your health coverage under the State Health Plan was continued in error and should have been terminated as of _____.

Per policy, when employees remain on unpaid leave once the FMLA entitlement period has expired, the employee will be responsible for the entire State Health Plan premium in order to prevent termination of coverage; this includes the employee and employer portion of the premium. In order to continue your coverage on a current basis, premium payments totaling \$_____ need to be submitted to BEST Shared Services by July 15, 2009. This amount includes continued health coverage only for the time period of **June and July 2009**. This amount does not include premiums that were paid in error by the State during your period of absence that was not protected under Family Medical Leave. Therefore, if the above payment is not received by BEST Shared Services by July 27, 2009, your state health plan insurance will be terminated effective June 1, 2009.

Please be aware that your record is currently being reviewed in regards to your insurance premiums during your period of absence that was not protected under Family Medical Leave and you will receive additional correspondence from Department of Correction concerning this issue. If you choose to continue your health insurance coverage, going forward from July, your monthly premium payments will be \$_____ and should be received by BEST before the end of each month.

Checks should be made payable and mailed to:

Office of the State Controller
BEST Shared Services
1425 MSC
Raleigh, NC 27699-1425

If you choose to discontinue participation during the remainder of your leave of absence, you will be eligible to re-enroll in the State Health Plan upon your return to work. Please see your facility Benefits Representative upon reinstatement to discuss your options.