

FMLA/LWOP/DISABILITY BENEFIT PREMIUM FORM

BENEFIT PREMIUM INVOICE FOR EMPLOYEES ON LWOP, FMLA and/or DISABILITY CONTINUANCE

PLEASE SUBMIT FORM WITH PAYMENT TO THE EMPLOYEE BENEFITS BUREAU

State Agency Name _____ Date: _____

HR Rep _____ Phone # _____

Employee Name _____ Emp. ID# _____

LWOP Disability FMLA Other:

Coverage Type: Single Emp+Spouse Emp+Child(ren) Family

Pay Period Ending: _____

<u>Plan Type</u>	Employee Portion Due (LWOP, Disability, FMLA)	State Portion Due (LWOP)
Blue Cross Blue Shield - HMO or PPO	\$	\$
Presbyterian - HMO	\$	\$
Delta Dental	\$	\$
Vision Service Plan	\$	\$
Disability	\$	\$ N/A
Flexible Spending Account (FSA)	\$	\$ N/A
Dependent Life - <i>Payments prior to 1/1/2016 ONLY</i>	\$	\$
Supplemental Life - <i>Payments prior to 1/1/2016 ONLY</i>	\$	\$ N/A
RMD Admin Fee	\$	\$
Total:	\$	\$

NO PERSONAL CHECKS: THE TOTAL MAY BE ON ONE MONEY ORDER/CASHIERS CHECK AND MADE PAYABLE TO RISK MANAGEMENT DIVISION

LEAVE WITHOUT PAY (LWOP): Employees on LWOP are responsible for 100% of the gross premium for all coverage benefits in force. Failure to do so will result in a loss of coverage, which cannot be automatically reinstated when they return to active work. This includes employees receiving Disability benefits.

FAMILY MEDICAL LEAVE ACT (FMLA): Employees on FMLA must pay the employee share of the gross premium for all benefits in force, if there is not enough leave to cover payroll deduction. Failure to do so will result in a loss of coverage, which may be reinstated when they return to active work. This includes employees receiving Disability benefits.

DISABILITY: Employees on Short-Term Disability must continue to pay their disability premium to be eligible for disability benefits. If they are keeping other benefits, they are also required to pay whatever portion they are responsible for. Once an employee has been approved and is receiving a Long-Term benefit, disability premiums are waived.

Risk Management Division/Employee Benefits Bureau
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