

BENEFIT ELECTION FORM — UNPAID LEAVE OF ABSENCE

**FOR: FAMILY AND MEDICAL LEAVE
WORKERS' COMPENSATION LEAVE
WA STATE DOMESTIC VIOLENCE & SEXUAL ASSAULT LEAVE**

EMPLOYEE INFORMATION	
NAME	EMPLOYEE NO.
HOME PHONE	MAIL STOP

PSE HEALTH & WELFARE FLEXIBLE BENEFITS INCLUDE:

Medical, Dental, Accidental Death & Dismemberment (AD&D), Basic & Supplemental Life, Long-term Disability (LTD), Flexible Spending Accounts (Dependent Care; Health Care).

- Benefit coverage and benefit premiums are for the entire month; carriers do not allow partial month coverage.
- PSE Flex Credits and your benefit deductions continue to accrue until you return to work and begin receiving a paycheck; this may result in a net zero paycheck unless you elect an option below to pay your portion during your leave.
- You may choose to continue **all** of your Health and Welfare Benefits or drop **all** of your benefits.

YOUR ACTION IS REQUIRED IF:

You have applied, are approved or are transitioning to one of the following UNPAID Leave of Absence types outlined below.

- Family & Medical Leave (FMLA) — unpaid;** you are not receiving short-term disability pay or using accrued PTO
- Workers' Compensation (WC) Leave — unpaid;** you are off work due to work related injury or illness
- WA State Domestic Violence & Sexual Assault Leave — unpaid;** you are not using PTO while off work

Note: Benefits end for Personal Leaves at the end of the month and for Military / USERRA Leave deployments lasting longer than six (6) months; COBRA will be offered; these leaves are not eligible to continue benefits with PSE by use of this election form.

MAKE AN ELECTION:

- ☐ **Continue my benefits during my unpaid leave.** I will pay for my portion of the premium costs by selecting one payment option below:
- ☐ **Pay when I return to work.** My Flex Credits and Payroll Deductions will continue to accrue during unpaid leave. **I preserve my pre-tax benefit.** When I return to work, missed Flex Credits and benefit deductions will be calculated; if I owe a difference it will be deducted from my paycheck pre-tax.
- ☐ **Pay each pay period by mailing a check to PSE.** I understand I am paying for my benefits with **after-tax** dollars.
- ☐ **Pay each month by mailing a check to PSE.** I understand I am paying for my benefits with **after-tax** dollars.
- ☐ **Pre-pay my portion of benefit costs by providing a check to PSE.** I understand I am paying for my benefits with **after-tax** dollars.
- ☐ **Stop my benefits during my unpaid leave.** Benefits stop at month's end; COBRA continuation coverage will be offered to me. I must apply separately for continuation of AD&D, Basic and Supplemental Life within 31 days via separate forms if interested. I must re-enroll in benefits **within 31 days of returning to work.** I may choose new elections without a waiting period or requirement to provide evidence of insurability for life or disability plans. Failure to enroll within 31-days results in automatic **Default Benefits** — Employee Only Coverage — Regence PPO, Basic Dental; Basic Life and LTD for remainder of Plan Year.

IMPORTANT NOTICES

401(k) loan — You must continue to make loan payments in the same amount and frequency as previously taken through payroll to avoid a taxable distribution and early withdrawal penalties. Call T. Rowe Price 1-800-922-9945 for assistance.

Long-term Care insurance — Call 1-877-286-2852 to continue your enrollment and payments; if you drop coverage, evidence of insurability is required to re-re-enroll.

Open Enrollment — If you are on a leave during a Benefits Open Enrollment period and make changes to Supplemental Life or Long-term Disability (LTD) plans, these changes in coverage levels will not take effect until you have returned to work.

EMPLOYEE SIGNATURE — MAILING INSTRUCTIONS

EMPLOYEE SIGNATURE	DATE
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Return your signed election form to PSE Human Resources — Leaves by one of the following methods:

Mail: Puget Sound Energy
Human Resources — Leaves PSE10N
P.O. Box 97034
Bellevue WA 98009

E-mail: leaves@pse.com

Fax: 425-457-5793

HUMAN RESOURCES — LEAVES OFFICE USE ONLY	
DATE	PAF COMPLETED <input type="checkbox"/> YES <input type="checkbox"/> NO