

USERRA Leave: Insurance Continuation Form Letter

Dear [Name of Employee]:

Pursuant to your request for military leave of absence commencing [date], this letter serves to advise you of how your insurance coverage will be continued during the period of military leave.

First, for a period of 31 days following the commencement of your leave, the company will continue your group health* insurance, and you will be required to pay the same level of premiums to maintain the coverage as all other active employees. At the leave-processing interview, we will make mutually agreed-upon arrangements for paying the required premiums.

Second, at the expiration of the 31-day period, the company will offer you the opportunity for continuation of coverage for a period of up to 24 months (excluding the health care flexible spending account). In order to continue your coverage during this 24-month period, you will be required to pay the entire cost of the coverage plus an administrative fee not exceeding 2%. Based on our current costs, your monthly cost will be \$ _____. You will receive a continuation coverage election form including information on premium due dates within two weeks of entering active duty; if you wish to have this election form expedited or wish to make an election prior to your departure, please advise Human Resources.

Your coverage under the company's short-and long-term disability plans will cease as of the date you begin your military leave. Your life insurance and AD&D coverage will cease on the same date. However, life insurance in the amount of \$ _____ will be available to you on a conversion basis. A life insurance conversion form with premium information will be provided to you at the leave-processing interview. If you desire to exercise this conversion, you will do so directly with the provider within 30 days of the cessation of your life insurance coverage.

*Health insurance includes medical, dental, prescription drug and vision coverage as well as your health care flexible spending account.

**Your health care flexible spending account can only be continued for the remainder of the year in which you have made your election. Thus, any election to continue participation in the plan will end as of December 31, 200_.

Should you have any additional questions, please contact Human Resources.

Sincerely,

HR Representative