

**SAMPLE LETTER TO EMPLOYEES
ON WORKER'S COMPENSATION TEMPORARY TOTAL DISABILITY
(AGENCY LETTERHEAD STATIONERY)**

Date

Employee Name
Employee Street Address
City/State/Zip

Dear Employee:

This letter is to notify you that premiums are due for your State Employee Health Plan (SEHP) coverage. During the time that you are on temporary total disability under Worker's Compensation, you will continue to accrue vacation and sick leave. You may choose to accrue leave and receive no pay during this period, or you may choose to be paid for the vacation and sick leave each pay period.

- A. If you choose to be paid vacation and sick leave, your paycheck will have taxes, KPERS, SEHP premiums and your other benefits deducted and you will receive the balance via payroll check. You will have SEHP coverage during this period if premiums are paid via payroll deduction.

If your gross payroll amount is insufficient for your SEHP deduction, you must pay by personal check to this agency for the premium amount before the next paycheck issue date. If you do not pay, your coverage will cease at the end of the month for which the last payment was received. You will be unable to re-enroll in SEHP coverage until you return to work or during Open Enrollment.

- B. If you choose no payroll during this period, you must submit a personal check to this agency for the premium every semi-monthly deduction period. If you choose not to pay, your SEHP coverage will cease at the end of the month for which the last payment was received. You will be unable to re-enroll in SEHP coverage until you return to work or during Open Enrollment.

Attached is a list of the deduction/coverage periods, the premium amounts for your SEHP coverage, and the paycheck issue/premium due dates. Please feel free to contact me at **(phone number)** if you have any questions.

Sincerely,

Human Resources Representative Name