



**STAFF BENEFITS COVERAGE FORM  
EMPLOYEES ON LEAVE WITHOUT PAY**

Name \_\_\_\_\_

Social Security Number : \_\_\_\_\_

Leave Without Pay: From \_\_\_\_\_ To \_\_\_\_\_

**REASON FOR LEAVE WITHOUT PAY (PLEASE CHECK THE APPROPRIATE BOX)**

- Work Related Injury (Workers Compensation)
- Approved Leave under the Family Medical Leave Act (FMLA)
- Other (please indicate the reason for the leave)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ THE SPECIAL CONDITIONS OUTLINED BELOW WHICH APPLY TO BENEFIT COVERAGE DURING LEAVE WITHOUT PAY BEFORE MAKING AN ELECTION TO CANCEL COVERAGE.**

Workers Compensation: When an employee is on leave without pay due to a work related injury LSU pays the employer portion of both group health and group life coverage. You pay your portion of the premium for these plans. In addition, you continue to pay the premium for the supplemental plans.

Approved Family Medical Leave: LSU pays the employer portion of health coverage when an employee is on an approved family medical leave without pay. You must pay your portion of the health coverage during the leave period. In addition, you must pay the total premium cost for group life insurance and supplemental benefit plans. If you elect to let your health coverage lapse during the leave period because you have not made the required premium payment, you are entitled to be reinstated in the health plan when you return from leave on the same terms as prior to taking leave, without any qualifying period, physical examination, or exclusion of pre-existing conditions. Reinstatement forms must be completed within thirty days of an employee's return from family medical leave.

Military Leave: You must contact the AgCenter Human Resource Management Office at (225) 578-8229 prior to going on military leave. LSU pays the employer portion of health and group life coverage when an employee is on military leave. If insurance is canceled while on military leave, it may be reinstated upon return. Reinstatement forms must be completed within thirty days of an employee's return from military leave.

Other Leave Without Pay: You pay the entire premium cost for all benefit plans

**AUTHORIZATION TO CONTINUE OR CANCEL BENEFIT COVERAGE DURING THE LEAVE PERIOD.**

- The LSU Payroll Department will bill for all medical plans and Prudential life insurance. Premiums are due and payable by the 5th of the month. Payments may be made quarterly or monthly but must be paid in advance. Failure to pay premiums by the due date could result in cancellation of coverage.

BILL ME AT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Hartford Disability Insurance and Hartford AD&D will be automatically reinstated when the employee returns to pay

status unless the employee elects to cancel these plans. *Please Note:* In order to be covered in the event of a disability while on leave without pay, premiums must be paid in a lump sum by the employee for the duration of leave. Contact the AgCenter Human Resource Management Office at (225) 578-8229 for additional information.

- *Supplemental Plans: The employee must make arrangements to pay the premiums for the supplemental plans directly to the company. Please contact the AgCenter HRM Office at (225) 578-8229 for further instructions.*
- **Please indicate below which benefit plans you wish to continue or cancel during the leave period:**

Continue Coverage	Cancel Coverage	Not Applicable	Benefit Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prudential Life Insurance (OGB = Group Benefits)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prudential Dependent Life Insurance (OGB)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance Plan Coverage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hartford (Disability Insurance)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hartford AD&D (Group Accident Plan)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dental Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision Plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blue Cross Supplemental Health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post Retirement Term Life Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New York Whole Life Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provident Universal Life Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ING Term Life Insurance (LSU Supplemental Life Insurance)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNUM Long Term Care Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AIG Critical Illness Supplemental Medical Benefit

I understand that I will be limited to retaining this coverage for a maximum of one (1) year while on leave without pay except for military leave. After one year, I may continue the medical coverage through COBRA.

I understand that if I cancel my coverage while I am on leave without pay, I will have to reapply for coverage and provide proof of insurability in order to reinstate coverage. The only exception to this provision is the reinstatement of benefits upon return from approved family medical leave or military leave.

I understand that an unpaid leave of absence is a change in family status for which I may revoke a Tax Saver Flexible Benefits Plan election. If I elect to cancel insurance plans which are included in the Tax Saver Flexible Benefits Plan, I am revoking my Tax Saver Flexible Benefits Plan election. If I return to pay status during the current plan year, I will not be allowed to re-enroll in the Tax Saver Flexible Benefits Plan. I may enroll in the Tax Saver Flexible Benefits Plan for the next plan year during April open enrollment or upon my return to pay status. The only exception to this provision is the reinstatement of benefits upon return from family medical leave or military leave.

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Employee's Signature

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Date