[DATE]

[EMPLOYEE NAME]

[STREET ADDRESS]

[CITY, STATE ZIP]

RE: Insurance Premiums and Benefits Continuation – Leave of Absence

Dear [EMPLOYEE NAME]:

This letter explains the process of continuing your State of Iowa group health insurance plans while on a leave of absence and outlines your responsibilities during this time.

The current status of your leave of absence request is (**FMLA pending-eligible/FMLA approved).**

The current status of your leave is non FMLA covered. You have requested and have been granted medical leave by the Department.

Payroll deductions for medical, dental, supplemental life insurance, and flex health premiums continue while you are on paid leave. Family Medical Leave Act (FMLA) allows you to continue your group health insurance plans as if you are still an active employee by allowing you to pay only the employee share of the insurance premiums, whether in a paid or unpaid status. If your leave is not FMLA covered or your FMLA is exhausted and if you are approved for additional unpaid leave, you will need to pay both the employee and state share of insurance premiums.

If you are commencing an unpaid leave, FMLA or non FMLA eligible, in excess of 30 consecutive calendar days, you have the option to continue or you may cancel your group health insurance plan coverage. Should you wish to cancel any of your group health insurance plans, please notify us immediately to confirm life event eligibility so we may make the proper adjustments with the insurance carrier(s).

Should you wish to continue your group health insurance plans while you are FMLA covered on unpaid leave, you will be required to remit payment for your share of the group health insurance premiums. As long as you continue to send payment for the employee share of your group health insurance plans, the State of Iowa will continue to pay the state share of the benefit plan as well.

Should you wish to continue your group health insurance plans while your leave is not covered by FMLA, but is approved medical leave by your department, you will be required to remit payment for both the employee and state share of the group health insurance premiums.

It is important to note, Insurance premiums cannot be taken out of any catastrophic leave donations.

This table shows the current State of Iowa sponsored benefit plans and **your** monthly premium rates:

|  |  |  |  |
| --- | --- | --- | --- |
| **Group Health**  **Insurance Plan** | **Employee Share Monthly Premium** | **State Share Monthly Premium** | **Total Monthly**  **Premium** |
| **Choose a medical plan.** | Choose an item. | Choose an item. | Choose an item. |
| **Choose a dental plan.** | Choose an item. | Choose an item. | Choose an item. |
| **Supplemental Life Insurance** | $7.25 | $0.00 | $7.25 |
| **Flexible Health Account** | $41.67 | $0.00 | $41.67 |

While on FMLA unpaid leave or approved medical unpaid leave, you will be required to make payments on a monthly basis to continue your current group health insurance plans. These insurance payments are due on the 5th of the month.

|  |  |  |
| --- | --- | --- |
| **Paid Leave Type** | **Balance** | **Accrual Rate** |
| Sick Leave | XX hours | X.XXXXXX |
| Vacation | XX hours | X.XXXXXX |
| Comp Time | XX hours | X.XXXXXX |
| IUP Time | XX hours | X.XXXXXX |
| Vacation Retention Election | XX hours | |

Your leave, according to the Reed Group, is a **continuous/intermittent/reduced schedule** leave, open from **02/07/2020** to **05/05/2020**. If **continuous/reduced schedule**, your FMLA will exhaust on **04/30/2020.**

This is a snapshot of your leave balances as of **xx/xx/xxxx.**

The table below shows a payment schedule based on your current situation:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Begin Pay Period** | **End Pay Period** | **Payment**  **Due Date** | **Medical Ins.** | **Dental Ins.** | **Sup Life** | **Flex Health** | **Notes:** |
| **02/07/2020** | **02/20/2020** | **02/28/2020** | $80.00 | $20.56 | $0.00 | N/A | FMLA benefit covered through end of Apr 2020. pp covers 1st half of March monthly med & den ins. Enough paid hours, insurance deductions taken from pay warrant. |
| **02/21/2020** | **03/05/2020** | **03/05/2020** | $80.00 | $20.56 | $14.50 | N/A | FMLA benefit covered through end of Apr 2020. pp covers 2nd half of March monthly med & den ins, and sup life. LWOP status – remit payment. |
| **03/06/2020** | **03/19/2020** | **04/05/2020** | $160.00 | $41.12 | $0.00 | N/A | FMLA benefit covered through end of Apr 2020. pp covers 1st half of April monthly med & den ins. LWOP status – remit full ee share monthly payment. |
| **03/20/2020** | **04/02/2020** | **04/05/2020** | See notes | See notes | $14.50 | N/A | FMLA benefit covered through end of Apr 2020. pp covers 2nd half of April monthly med & den ins and sup life. LWOP status – remit full ee share monthly payment with 1st half |
| **04/03/2020** | **04/16/2020** | **05/05/2020** | $1788.00 | $82.24 | $0.00 | N/A | FMLA benefit covered through end of Apr 2020. pp covers 1st half of May monthly med & den ins. LWOP status – remit full ee and state share monthly payment |
| **04/17/2020** | **04/30/2020** | **05/05/2020** | See notes | See notes | $0.00 | N/A | FMLA benefit covered through end of Apr 2020. pp covers 2nd half of May monthly med & den ins. LWOP status – remit full ee and state share monthly payment with 1st half |
| **05/01/2020** | **05/14/2020** | **05/22/2020** | $80.00 | $20.56 | $14.50 | N/A | Return to work on 5/6/2020. pp covers 1st half of June med & den and May Sup life. Enough paid hours to take insurance deductions from pay warrant. |

Checks should be made payable to **Treasurer, State of Iowa**. In the memo line, please designate what the check is for. *Example: “November Health Insurance,” “November Dental Insurance,” etc.*

**Your payments should be mailed to:**

[AGENCY NAME]

[STREET ADDRESS]

[CITY, STATE ZIP]

If your payment is more than thirty (30) days late, the State of Iowa will cancel your group health insurance plans, in accordance with FMLA guidelines. You will be sent a written notice of cancellation at least 15 days prior to the cancellation of your group health insurance plan to ensure you are aware that your insurance coverage is in jeopardy.

In accordance with the federal law, you may be eligible to continue your benefit plans under the Consolidated Omnibus Budget Reconciliation Act (COBRA). For example, if you inform the State of Iowa that you do not intend to return to work, you will be eligible to continue your benefits under COBRA, and the State of Iowa will mail you a separate notice regarding your COBRA rights and responsibilities. However, while on leave, should you fail to make payment to the State of Iowa for your group health insurance plan within the timelines previously mentioned in this letter, you may forfeit your right to COBRA eligibility under the federal law. Please work closely with us so we may assist you with respect to managing your benefit plans during your leave.

If the State of Iowa needs to cancel your coverage due to lack of payment (while covered under FMLA), you will have the right to restore your insurance coverage without condition once you return to work from your approved medical leave.

If the State of Iowa needs to cancel your coverage due to lack of payment (while not covered by FMLA),you will not be able to re-enroll in the State of Iowa group health insurance plans until the next enrollment and change period.

It is important you understand your rights and responsibilities regarding benefits continuation during your medical leave. If you have any questions or concerns, please contact [HRA NAME] whose contact information is listed below.

We have also enclosed more information regarding leave of absence.

Receipt of this letter serves as your acceptance to the terms outlined herein.

Sincerely,

[SIGNATURE]

[NAME AND POSITION TITLE]

[CONTACT INFORMATION]

Enclosure: State of Iowa Leave Resources

(add to the tracking excel spreadsheet)