

Group Insurance Unpaid Leave Notification

To:

Date:

From:

Subject: Continuing Insurance Coverage During Unpaid Leave for a Full Month*

Our records indicate that you went on leave of absence (LOA, not FMLA related) or absent without leave (AWOL) effective _____. During LOA or AWOL, you may continue all your insurance coverage. To continue coverage during LOA or AWOL, you are required to pay your monthly premium. The Employees Retirement System of Texas (ERS) will mail you a notice to let you know when your monthly payment of \$_____ is due. If you do not pay your **total monthly premium** (partial payments are not accepted) by the designated date, all coverage will be canceled effective the end of the month for which your last premium was paid in full (there is an exception for employees on leave under the Family and Medical Leave Act, explained on Page 2 of this letter).

Please pay by personal check, cashier's check, or money order payable to the **"Employees Group Insurance Fund."** To ensure you receive proper credit for payment, please indicate your name on the payment. Send payments to:

Employees Retirement System of Texas
P. O. Box 13207
Austin, TX 78711-3207

This premium is for the following coverage:

Medical	\$ _____
Tobacco User Premium	\$ _____
Dental	\$ _____
Vision	\$ _____
Basic Life	\$ _____
Optional Life	\$ _____
Voluntary AD&D	\$ _____
Dependent Life	\$ _____
Short/Long-Term Disability	\$ _____
TexFlex Health-Dependent-FSA	\$ _____
Total Premium	\$ _____

This is the only notice you will receive. No reminder will be sent. If you want to make changes to your coverage while you are on LOA or AWOL or if you have other questions, call _____ in this office at _____.

FMLA:

If you think you qualify for LOA under provisions of the Family and Medical Leave Act (FMLA), please contact your supervisor for appropriate paperwork and the amount of premium due. Under FMLA LOA, the state contributes to the cost of your insurance as it does when you are working. Your premium is based on the amount you owe after the state contributes its share of the cost.

If you exhaust your LOA under FMLA protection, you will no longer receive the state contribution. In this event, we will provide you written notification of the new premium required to continue your coverage.

Reinstating Canceled Coverage When You Return to Work:

You should contact the HR Employee Benefits Unit when you **begin** your leave without pay status to discuss the enrollment restrictions that may apply to the reinstatement of reduced or canceled coverage when you return to work from a leave without pay status. It is also important that you contact the HR Employee Benefits Unit as **soon as you return to work** from a leave without pay status.

Applying for Disability Income Benefits:

If you are on a leave without pay status due to a disabling condition (work-related or otherwise) and you have disability coverage (Short- and/or Long-term), you should apply for disability income benefits by completing the **Disability Claim form**. To receive a copy of this form and more information, call the Reed Group at (855) 604-6230.

Applying for Extended Life Insurance Benefits:

If you become totally disabled for at least six months prior to reaching age 60, you may be eligible to continue your life insurance coverage without paying a monthly premium. To apply for this benefit, complete a **Claim for Extended Life Insurance Benefits**. This form **must** be received by the carrier after the beginning of the sixth month and no later than the end of the eighteenth month from the date the disabling condition began. Applications received outside of this time frame will be denied.

To receive a copy of the form and more information, call the benefits coordinator at (844) 356-6947.

*Employees are responsible for paying the full Premium Amount only if in an unpaid status for an entire pay period (a full calendar month).