



Date: _____

**Payment of employee Healthcare contributions,
Supplemental Life, Health FSA and Disability premiums
While on a Leave Without Pay absence**

Dear Franklin County Employee:

You are currently enrolled in the following Franklin County Cooperative Health Benefits Program coverages:

- Health insurance (Medical, behavioral health, pharmacy, dental and vision)
- Health FSA – (Dependent Care FSA complete life event in enrollment system)
- Voluntary Supplemental Life Insurance
- Voluntary Short and/or Long Term Disability Insurance

You pay an employee healthcare contribution or premium for these coverages. During a Leave Without Pay absence, the following procedures must be followed to prevent your coverage from terminating for non-payment.

Health Insurance

While you are in a Leave Without Pay (LWOP) status, you must make arrangements with your agency to pay your monthly employee contribution toward your healthcare benefits. Your agency may require:

- Prior to going on leave, pay all employee contributions due during your leave
 - Each month while you are on leave, pay your monthly employee contribution
 - After returning from leave, pay the full amount of your employee contributions
 - Your monthly employee contribution amount is: _____.
 - Make your check or money order payable to: Franklin County Treasurer _____.
 - Remit premiums to your agency to the attention of: _____.
 - Mailing Address for premium remittance: _____.
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Voluntary Supplemental Life Insurance

While you are in a Leave Without Pay (LWOP) status, you must pay your monthly Supplemental Life premiums as follows:

- Prior to going on leave, pay all premiums due during your leave
- Each month while you are on leave, pay your monthly premium
- Your monthly Supplemental Life premium amount is: _____.
- Make your check or money order payable to: Franklin County _____.
- Remit premiums to your agency to the attention of: _____
- Mailing Address for premium remittance: _____

NOTE: If you fail to pay your Supplemental Life premiums as required during a LWOP absence, your benefits may be terminated. Payments are due the first of the month with a 30 day grace period. Payments that are not received within the 30 day grace are subject to termination effective the last day of the month full payment was received.

* Contributions must be on a separate check or money order. Employees cannot combine healthcare contribution, health FSA, supplemental life and disability premiums on the same check or money order.

Short and Long Term Disability Insurance

While you are in a Leave Without Pay (LWOP) status, you must pay your monthly Short and/or * Long Term Disability premiums as follows:

- Prior to going on leave, pay all premiums due during your leave
 - Each month while you are on leave, pay your monthly premium
 - Your monthly **Short Term Disability premium amount is: _____.
 - Your monthly **Long Term Disability premium amount is: _____.
 - Make your check or money order payable to: Franklin County _____.
- ** Short and Long Term Disability premiums can be combined and paid with one check or money order.
- Remit premiums to your agency to the attention of _____.

NOTE: If you fail to pay your Disability Insurance premiums as required during a LWOP absence, your benefits may be terminated. Payments are due the first of the month with a 30 day grace period. Payments that are not received within the 30 day grace are subject to termination effective the last day of the month full payment is received.

* Contributions must be on a separate check or money order. Employees cannot combine healthcare contribution, health FSA, supplemental life and disability premiums on the same check or money order.

Health Care Flexible Spending Account

While you are in a Leave Without Pay (LWOP) status, you may continue to pay your monthly Health Care Flexible Spending Account contributions on an after-tax basis as follows: _____.

- Prior to going on leave, pay all premiums due during your leave
- Each month while you are on leave, pay your monthly premium
- Suspend Healthcare FSA contributions on an approved FMLA LWOP status by contacting the Franklin County Benefits Office at: 614-525-5750 Monday through Friday from 8:00 am to 5:00 pm.
- Make your check or money order payable to: Franklin County: _____.

Please contact your agency if you have questions regarding payment of your employee premiums and contributions during your Leave Without Pay absence.