



Date: \_\_\_\_\_

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

Dear Franklin/Pickaway County Employee:

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

- Health insurance (Medical, behavioral health, pharmacy and vision)
- Dental insurance
- 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: \_\_\_\_\_\*.
- Remit premiums to your agency to the attention of: \_\_\_\_\_.
- Mailing Address for premium remittance: \_\_\_\_\_.

### **Voluntary Supplemental Life Insurance**

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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: \_\_\_\_\_.\*
  - o Franklin County employee: Franklin County
  - o Pickaway County employee: Pickaway 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**

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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
  - \* If you are approved and receiving a Long Term Disability benefit from MetLife premiums are waived upon the approval of Long Term Disability.
- Your monthly \*\*Short Term Disability premium amount is: \_\_\_\_\_.
- Your monthly \*\*Long Term Disability premium amount is: \_\_\_\_\_.
- Make your check or money order payable to: \_\_\_\_\_.
  - o Franklin County employee: Franklin County
  - o Pickaway County employee: Pickaway 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**

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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.
  - o Make your check or money order payable to: \_\_\_\_\_.

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