



**Franklin County  
Cooperative**  
Health Benefits Program

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

**Payment of employee healthcare contributions and  
Supplemental Life and Disability premiums  
while in a Leave Without Pay absence**

Dear Franklin/Pickaway/Fairfield 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
- 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.

**Health Insurance**

While you are in a Leave Without Pay 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: \_\_\_\_\_.

**NOTE:** If you fail to pay your employee healthcare contribution as required during a Leave Without Pay absence, your benefits may be terminated.

\* Must be on a separate check or money order. Cannot combine healthcare contribution, supplemental life and disability premiums on the same check or money order.

*See reverse side*

**Voluntary Supplemental Life Insurance**

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While you are in a Leave Without Pay 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
  - o Fairfield County employee: Fairfield County
- Remit premiums to your agency to the attention of: \_\_\_\_\_.

**NOTE:** If you fail to pay your Supplemental Life premiums as required during a Leave Without Pay absence, your benefits may be terminated.

\* Must be on a separate check or money order. Cannot combine healthcare contribution, 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 status, you must pay your monthly Short and 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 receiving a Long Term Disability benefit from MetLife, Long Term Disability premiums are waived during your period of 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
  - o Fairfield County employee: Fairfield County
- \*\* Short and Long Term Disability premiums can be combined and paid with one check.
- Remit premiums to your agency to the attention of: \_\_\_\_\_.

**NOTE:** If you fail to pay your Disability premiums as required during a Leave Without Pay absence, your benefits may be terminated.

\* Must be on a separate check or money order. Cannot combine healthcare contribution, supplemental life and disability premiums on the same check or money order.

Please contact your agency if you have questions regarding payment of your employee healthcare contribution or premiums during a Leave Without Pay absence.