



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

### While on a Leave Without Pay absence

### Payment of employee Healthcare contributions, Supplemental Life, Health FSA, Disability and Legal Plan premiums

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
- Legal Plan

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: \_\_\_\_\_.

Franklin County Cooperative Health Improvement Program  
Franklin County Board of Commissioners  
Franklin County Department of Human Resources – Benefits & Wellness  
373 S High St, Columbus, OH 43215  
Local Telephone: 614-525-5750  
Toll-free Telephone: 1-800-397-5884  
Fax: 614-525-5515  
Email: [Benefits@FranklinCountyOhio.gov](mailto:Benefits@FranklinCountyOhio.gov)  
Website: <http://bewell.franklincountyohio.gov>

## **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: Franklin County \_\_\_\_\_.
- Remit premiums to your agency to the attention of: \_\_\_\_\_
- MailingAddressforpremiumremittance: \_\_\_\_\_

**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 Franklin County.

**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.

## **Legal Plan**

- Prior to going on leave, pay all premiums due during your leave
- Each month while you are on leave, pay your monthly premium
- 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.

