



Human Resources Emergency Family and Medical Leave Expansion Act (EFMLEA) Continuation of Benefits Form

Continuation of Benefits Election Form

Instructions:

- 1. Print or type clearly.
2. Submit this form to: Human Resources-Employee Benefits, 4th Floor, City Hall, Fax: (408) 999-0862, or E-mail: HRBenefits@sanjoseca.gov.
3. If your leave is unpaid and you choose to continue any benefits, HR will send you a Continuation of Benefits Statement outlining amounts due while you are on leave.
4. If you intend to lapse coverage any coverage, you must notify HR regarding reinstatement of benefits within 30 days of returning to paid status.

Form with fields: Employee Name, Employee ID, Department, Employee Home/Cell Phone.

Please choose Option 1 (indicate A or B) or Option 2:

OPTION 1:

I elect to continue the following benefits during any unpaid periods of my Leave of Absence. I understand that I am responsible for making timely premium payments and if the payment is more than thirty(30) days late, my health and insurance benefits may be dropped for the duration of the leave.

By selecting this option, Human Resources will maintain your eligibility for benefits coverage, and your benefits will remain active through the duration of your absence, contingent upon payment of your premium contributions. You will be responsible for paying the employee portion of the premium while on a unpaid protected leave of absence, and for paying the full premium (employee and City) while on an unpaid unprotected leave of absence. You will need to make arrangements with Human Resources to remit premiums to continue your benefits. The City will pursue all available remedies if this option is elected and premium payments are not made.

Choose one:

Option A: [ ] I wish to continue ALL available benefit programs in which I am enrolled.

OR

Option B: [ ] I wish to continue the following benefits programs: (Check only benefits programs you wish to continue.)

- [ ] Medical [ ] Dental [ ] Vision
[ ] Long-Term Disability(LTD)\*\* [ ] Life Insurance\*\*\* [ ] EAP [ ] Cigna AD&D

OPTION 2: [ ] I elect to allow ALL of my benefits to lapse during the unpaid period of my Leave of Absence.

By selecting this option, Human Resources will terminate your eligibility for benefits coverage at the end of the month in which you stop receiving a paycheck paid through the City's payroll system. You are responsible for ensuring your benefit premiums are paid for the entire month. Please note, frequently employees on unpaid leave will owe premiums for the second half of the month in which they begin leave. Once your benefits have terminated, they will remain terminated until the first of the month following your return to work. Once benefit coverage has lapsed, you will not be able to re-activate coverage until you return to work in a paid status.

\*\*You must continue LTD coverage throughout your leave of absence in order to retain your coverage, unless you are on an active claim with the insurance company during your leave. There will be no automatic reinstatement of original coverage/rates when you return to active City service and you will subject to medical underwriting if you allow your coverage to lapse and wish to re-apply for the LTD Benefit.

\*\*\*Supplemental Life Insurance may be waived while on an approved leave; however, you must reinstate coverage within 30 days of your return in order to be guaranteed reinstatement to the original coverage amount.

Employee Signature:

Employee Name:

Date:

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