

Family Medical Leave or Short-Term Disability INSURANCE PREMIUM ELECTION FORM

HR Coordinator INSTRUCTIONS: Please complete the top portion of this form for each employee applying for FMLA and/or Short-Term Disability (STD) and have the employee make his or her insurance premium election below. Once completed, return the form to **Metro Human Resources, Attn: Corey Northern**.

Leave Requested (check both if each applies): FMLA STD (do NOT delay application for STD benefits – it could result in lost benefits)

Name: _____ Emp ID#: _____ Department: _____

FMLA or STD Start Date: _____ FMLA or STD End Date: _____

Date Expected to Return to Work: _____

HR Coordinator Signature: _____

While on FMLA leave and/or Short-Term disability, benefit coverage will remain in place for medical and dental insurance and any optional benefits enrolled in. If you do not return to work after your FMLA and/or STD ends, your benefit coverage will end once you have missed two premiums. The coverage will end on the date of the second paycheck from which premiums were not withheld. Employees in a paid leave status – using sick or vacation leave – will continue to have premiums deducted from their paychecks. **Employees on unpaid leave for all of part of the leave period – not being paid for sick or vacation leave for the entire period of leave – must make an election as to how premiums will be paid while on leave** (if you will be on paid leave for only a portion of the leave period, the election below will apply to the unpaid portion of the leave). Please make your election below:

- I will pre-pay my premiums before taking FMLA and/or STD leave
- I will pay the employee share of the monthly premium amount directly to Metro on an after-tax basis. Premium checks should be made payable to Metro Nashville Government and mailed to: **Metro Nashville Government, PO Box 196300, Nashville, TN 37219-6300, Attn: Metro Finance – Accounts**
- I will have my premiums held in arrears by Metro. When I return to work the premiums will be withheld from my paychecks over the same number of pay periods as the missed premiums would have been withheld (arrears running into the next calendar year will be taken on an after-tax basis)
- I wish to cancel my participation in the benefits I have circled below while I am on FMLA and/or Short-Term Disability. I understand I will not be required to provide Evidence of Insurability if I reenroll within 31 days of returning from leave: Long-Term Disability Supplemental Life Dependent Life

Flexible Spending Accounts (FSA) – While on leave, you may elect to stop your participation in the healthcare FSA for the remainder of the year (participation in the dependent care FSA will automatically stop when you go on leave). If you elect to continue your participation in the healthcare FSA, you may continue to incur claims and once you return from leave, arrears will be taken in the same plan year to catch up your contributions. If you elect to stop participating and you will be in: (1) an unpaid leave status, you may **NOT** incur claims past the end of the month in which you receive your last active paycheck; (2) a paid leave status, you may **NOT** incur claims past the end of the month in which you took your FMLA or STD leave. Regardless of your pay status, you may reenroll once you return to work.

- I elect to continue participation in the FSA benefit.
- I elect to stop my participation in the FSA benefit for the remainder of the plan year.

ACKNOWLEDGEMENT – I have read this form and checked my benefit options above and I understand that premiums paid directly to Metro will be paid on an after-tax basis. I understand that if I have elected to stop my Long-Term Disability, Supplemental Life or Dependent Life that I and my spouse will have to qualify for Evidence of Insurability if I reenroll in these benefits after 31 days of returning from leave.

Employee signature: _____ Date: _____

