

Date:
To:
From: (DPR)
Subject: LOA Remittance Form (County-Provided Plans)

As of _____ you are on _____ Leave Without Pay (Status: C__). Any payroll deductions you had for employee benefits cannot be withheld from your paycheck. In order to continue these benefits, you must continue to remit payments as indicated below, or benefits will be cancelled. Premiums and contributions are due in advance of the pay period to be covered. The first payment is due within two weeks of your last payroll deduction. If your status changes or if you return to work, resign, terminate, become disabled or retire, you must notify the Benefits Administration Unit at (305) 375-4288 and Fringe Benefits Management Company at (800) 342-8017 (if enrolled for a Spending Account). If you are enrolled in the union sponsored health plan for Fire Fighters, please contact your union office directly at (305) 593-6100 for specific remittance instructions.

Note: Taking an unpaid leave of absence is considered a qualifying event which allows you to temporarily stop participation in any benefit plan, or drop to single coverage to reduce your insurance cost. The request must be received within 45 days of the onset of leave. Contact this office for the appropriate forms or download required forms at www.miamidade.gov/benefits.

Group Medical, Dental, Vision, Life, Optional Life Coverage, STD, LTD, Group Legal:

The check should be made payable to the **Board of County Commissioners** and mailed as indicated below. Write your Employee ID number on your check and include the LOA Remittance Form with your first payment.

		<u>Mailing Address</u>
Employee Portion Medical	_____	Miami-Dade County
Employee Portion Dental	_____	Benefits Administration Unit\GSA
OPTIX Vision Plan	_____	LOA Section
Optional Life	_____	111 N.W. 1st St., Suite 2340
Employer Portion Medical*	_____	Miami, FL 33128
Employer Portion Dental*	_____	(Please do not mail union health plan
Employer Portion Group Life*	_____	premiums to this office)
Short-Term Disability	_____	
Long-Term Disability	_____	
Group Legal Services	_____	
Total Biweekly Premium	\$ _____	

*Employer portion is not required for family leave, or leave due to illness, maternity, or workers compensation.

Flexible Benefits

Premiums are to be remitted by **separate check** as indicated below and made payable to **Vista Deposit Account\Miami-Dade**. Include your SS# on the check:

		<u>Mailing Address</u>
Healthcare Sp. Account	_____	Fringe Benefits Management Company (FBMC)
Dependent Care Sp. Acct	_____	Client Accounting Department (DM)
Admin. Fees	_____	P.O. Box 1878
		Tallahassee, FL 32302
Total Biweekly Premium	\$ _____	

c: LOA Section, Benefits Administration Unit, Risk Management
 FBMC

**GROUP INSURANCE AND FLEXIBLE BENEFITS
LOA REMITTANCE FORM (County Plans)**

Name (Please print): _____ SS# _____

Address: _____

City: _____ Zip: _____ Daytime Telephone: _____

PLEASE SIGN AND RETURN THIS FORM TO THE BENEFITS ADMINISTRATION UNIT WITH YOUR FIRST REMITTANCE OF PREMIUMS.

1. I received a copy of the summary "Employee Benefits During an Unpaid Leave of Absence." I understand that when taking an unpaid leave of absence lasting two or more pay periods, I must remit payments by check or money order to maintain my coverage. These benefits are listed on the cover memo from my Department Personnel Representative (DPR), which was attached to this LOA Remittance Form. I also understand that premiums and contributions are due in advance of the period to be covered and I am responsible to pay the biweekly premiums. I will remit my insurance payments based on the biweekly payroll schedule attached to this form.
2. If I fail to make the required payments, my coverage (and my dependent's, if enrolled) will be cancelled retroactive to the last pay period paid. I will not be able to apply for reinstatement upon returning to work, but must wait until the next Open Enrollment period. This restriction may not apply while you are on Family Medical Leave (FMLA). Contact your DPR for more information.
3. I understand that taking an unpaid leave of absence is considered a qualifying event, allowing me to cancel coverage or reduce level of coverage, as long as I submit a Flex Benefits Change in Status (CIS) form within forty-five (45) days of the onset of the unpaid leave.

	<u>Biweekly Amount</u>
Employee Portion Medical	\$ _____
Employee Portion Dental	\$ _____
OPTIX Vision Plan	\$ _____
Optional Life	\$ _____
Employer Portion Medical	\$ _____
Employer Portion Dental	\$ _____
Employer Portion Life	\$ _____
Group Legal Services	\$ _____
Short Term Disability	\$ _____
Long-Term Disability	\$ _____
Total Biweekly Amount	\$ _____

<u>Mailing Address</u> Benefits Admin. Unit/GSA LOA Section 111 N.W. 1st St., Suite 2340 Miami, FL 33128
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Healthcare Sp. Account	\$ _____
Dependent Care Sp. Account	\$ _____
Admin. Fees	\$ _____
Total Biweekly Amount	\$ _____

<u>Mailing Address</u> FBMC (Spending Accounts only) Client Accounting Dept (DM) P.O. Box 1878 Tallahassee, FL 32302
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*** If you wish to add a newly acquired dependent (e.g. newborn, adopted child, spouse, etc.), you must submit a Flex Benefits Change in Status (CIS) form and Group Status Change form, along with the appropriate documentation (marriage\birth certificate, etc.) to the Benefits Administration Unit within 45 days (60 days for newborns) of the qualifying event. The forms may be obtained through your DPR's office. If the documentation is not readily available, submit the CIS forms and follow-up with the documentation, as soon as available. The review of the request will be pending receipt of the documentation.**

I understand that upon returning to work or if my status changes, I must immediately notify the County Benefits Administration Unit at (305) 375-4288 and Fringe Benefits Management Company (FBMC) at (800)342-8017.

Signature _____

Date _____

EMPLOYEE BENEFITS DURING AN UNPAID LEAVE OF ABSENCE

While you are on an unpaid leave of absence, premiums to continue your employee benefits cannot be payroll deducted. The following information is provided to assist you in understanding the effect of your leave without pay status on various employee benefits. Please read this information carefully and discuss any questions with your Department Personnel Representative (DPR) or the Benefits Administration Unit.

MEDICAL, DENTAL, VISION, LIFE INSURANCE, STD/LTD PLANS AND GROUP LEGAL

You are eligible to maintain your medical, dental, vision, life insurance, short-term disability, long-term disability and group legal benefits while on leave without pay. In order to continue coverage, you must make payments directly to the County for the period of time you will be without pay. This also applies to employees on "no-pay" status due to a workers compensation injury. The amount you are responsible to pay depends upon the reason for your absence. Your DPR will advise you specifically about your situation.

Employees on leave without pay may cancel dependent coverage or add a newly acquired dependent (e.g. newborn, adopted child, spouse, etc.). You must submit a **Flex Benefits Change in Status Form & Group Plan Status Change Form**, along with the appropriate documentation (marriage\hospital birth certificate, etc.) to the Benefits Administration Unit within 45 days of the qualifying event (60 days to report newborns). Note, starting an unpaid leave of absence is considered a qualifying event. Employees may drop dependent coverage, cancel coverage (if on a personal leave requiring payment of the County portion, not applicable to suspensions) and reinstate coverage upon returning to work. A Change in Status form must be presented within forty five (45) days of each qualifying event (start\return to work from leave). Employees cancelled for non-payment of premiums must wait until Open Enrollment to apply for reinstatement. Refer to the Flex Change in Status form for a list of additional qualifying events. The forms may be obtained through your DPR's office or on the County's website at www.miamidade.gov/benefits.

Your coverage will be cancelled if you fail to send your premium payments. If coverage is cancelled due to non-payment of premiums, benefits will not be reinstated upon your return to work. You may apply for coverage during the next Open Enrollment Period. This restriction may not apply while you are on Family Medical Leave (FMLA). Contact your DPR for more information regarding FMLA.

SHORT-TERM & LONG-TERM DISABILITY INCOME PROTECTION

If you elect to drop your disability coverage and wish to reinstate it when you return from LOA, you will be required to fill out a Change in Status form and an Evidence of Insurability form. Your application will be subject to medical review by the insurance carrier, MetLife Disability, to determine if you are eligible for coverage. If you are cancelled for non-payment, you will not be able to buy coverage again until the next Annual Open Enrollment period after your return to work. Coverage is not guaranteed. You will have to submit an Evidence of Insurability form which will be subject to medical review.

FLEXIBLE SPENDING ACCOUNTS (HEALTHCARE AND DEPENDENT CARE)

You can continue to submit **Reimbursement Request Forms** for expenses that you incurred while you were on a leave without pay. However, in order to be reimbursed for expenses incurred during this period or following your return to work, you must continue to make contributions to FBMC while you are on a leave without pay.

If contributions are not continued during an unpaid leave, any prior balance in the Flexible Spending Account (for which expenses have not been incurred) will be forfeited. This means that if you elect to drop the Flexible Spending Account(s) by submitting a change in status form, you will not be able to access any contributions already made to the account if you have not already received the medical

treatment or the dependent care services.

If you have made contributions to a Flexible Spending Account and have not received all your contributions in reimbursements, you may continue to keep your account active during your unpaid leave. By continuing to make contributions to FBMC on a post-tax basis, you will still be eligible to incur and be reimbursed for expenses while in a leave without pay status. Upon your return to work, your contributions will once again be deducted from your check on a pre-tax basis.

If you decide to drop your Flexible Spending Account or you do not remit your contributions, then your Account(s) will be cancelled. You will not be able to participate in the Flexible Spending Accounts again until the Annual Open Enrollment period after your return to work. The biweekly spending account contributions indicated above must be sent to:

Fringe Benefits Management Company
Client Accounting Department (DM)
P.O. Box 1878
Tallahassee, FL 32302

The check should be made payable to: **Vista Deposit Account\Miami-Dade. Write your Social Security Number on the check.**

RETIREMENT

While you are on a leave without pay, you will not earn creditable service time for the Florida Retirement System (FRS). If you return to work immediately following the leave for thirty (30) calendar days, you can purchase the period that you were on "leave without pay." However, any leave without pay time that you purchase will not be credited to your account until you have completed six years of creditable service.

DEFERRED COMPENSATION

No contributions can be made to the Miami-Dade County Deferred Compensation Plan while you are in leave without pay status. When you return to work, your deductions will automatically start again at the same rate that was taken from your last paycheck. If you are trying to contribute the maximum amount to the plan, you may want to adjust your contribution rate when you return to work. If you wish to stop your deductions when you return to work, you must submit a **Deferred Compensation Change Form**.

You are not eligible to make a withdrawal from your account simply because you are on a leave without pay. Withdrawals may be made when you retire, separate from service or if you can demonstrate an unforeseeable emergency. The Internal Revenue Service Code limits unforeseeable emergencies to events that are sudden, unexpected and beyond your control. Such withdrawals are subject to taxes.

You must continue to remit payments as advised for your coverage otherwise benefits will be cancelled. Premiums and contributions are due in advance of the pay period to be covered. The first payment is due within two weeks of your last payroll deduction.

If your status changes or if you return to work, resign, terminate, become disabled or retire, you must notify the Benefits Administration Unit at (305) 375-4288 and if enrolled in a spending account, Fringe Benefits Management Company at (800) 342-8017.