

EMPLOYEE BENEFITS DURING AN UNPAID LEAVE OF ABSENCE

The information presented here is to assist you in understanding the effect of your leave without pay status on various employee benefits. The information in this summary applies to all employees on an unpaid leave or no-pay status (Medical related, Personal, Workers Compensation, or Suspension). Please read this information carefully and discuss any questions with your **Department Personnel Representative (DPR)** or **Benefits Administration/ Human Resources Department**. If your status changes or if you return to work, resign, terminate, become disabled or retire, notify **Benefits Administration - HR Dept.** at (305) 375-4288, or **FBMC-Benefits Management, Inc.**, at (800) 342-8017, if enrolled in a spending account.

PREMIUMS & CONTRIBUTIONS

While you are on an unpaid leave of absence and not receiving a paycheck, the premiums\contributions to cover your benefit plan elections cannot be payroll deducted. To continue these benefits, you must remit payments by check or money order. This also applies to employees on "no-pay" status due to a worker's compensation illness\injury; insurance premiums are not deducted from workers compensation payments.

When making payments, checks should be made out to:

- **Miami-Dade County** (applies to insurance premiums only)
- **Vista Deposit Account/Miami-Dade** (applies to FSA contributions only)

The mailing address for the checks will be on the Remittance Memo issued by your DPR. The amount you are responsible to pay depends on the reason for your absence. Your DPR will advise you specifically about your situation. 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 you do not remit payments to maintain your coverage, benefits will be cancelled. If you are cancelled for non-payment of premiums, your former plan elections will not be restored when you return to work; you must re-apply during the next general open enrollment. Additionally, if your health benefits are cancelled for non-payment and you subsequently leave County service (termination, retirement, etc.) you will not be eligible for continuation of health coverage (COBRA). Employees on a Personal, Educational Leave, or Suspension must pay both the employee cost and the County portion of the premium to maintain health insurance while on no-pay status. This charge will be included on the LOA Remittance Form and payment is mandatory if you wish to continue health coverage. Employees on unpaid leave (medical and non-medical) are not required to pay the (percentage of base salary) contribution towards the County's cost of healthcare. Your contribution (if applicable) will restart once you return to work.

Restitution for dishonored checks: Personal checks returned by the bank for insufficient funds must be replaced with a cashier's check or money order for the full amount, including a returned check fee assessed in accordance with Florida Statutes (FSS 832.08). Personal checks will not be accepted in the future until the employee's LOA account has been in good standing for at least twelve (12) months. That means Benefits Administration must receive payment in advance of the pay period to be covered. Refer to the Biweekly Pay Period Schedule to view the pay period start dates.

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.

Employees on an unpaid leave may cancel participation in a benefit plan completely, cancel dependent coverage, or add a newly acquired dependent (e.g. newborn, adopted child, spouse etc.). You must submit a **Change In Status (CIS)** form & a **Benefit Election Change (BEC)** form, along with the appropriate documentation (marriage\hospital birth certificates, etc.). Submit forms to Benefits Administration-Human Resources Department (HRD) within 45 days of the qualifying event (60 days to report newborns, adoptions\ placement for adoption). Note, starting an unpaid leave of absence is a qualifying event. Employees may drop employee and dependent coverage and reinstate it upon returning to work. However, if you are on Suspension and enrolled in health insurance, you cannot cancel your own coverage; you must maintain at least single

coverage. The CIS & BEC forms must be received by Benefits Administration within forty five (45) days of each qualifying event (start/return to work from leave).

Refer to the **Change in Status Form** for a list of additional qualifying events. The forms may be obtained through your DPR's office or can be downloaded from the County's website at <http://www.miamidade.gov/humanresources/leave-of-absence.asp>

Note: Under Florida Statutes, an employee can "opt" out of coverage at any time during the year. However, with a pre-tax benefit, the employee will still have to continue the premium (if any) for the balance of the year. Refer to the Benefits Handbook under Changing Your Coverage for more information and applicable restrictions.

Employees who have enrolled Domestic Partners or overage dependent child (ren) (age 26+ to 30) will be charged an imputed income amount (per IRS regulations) based on the employee's elected coverage and family category. The employee is responsible for paying the FICA and MICA tax on this imputed income. The current tax rate is 7.65%, which will be automatically added to the employee's bi-weekly premium amount.

SHORT-TERM & LONG-TERM DISABILITY INCOME PROTECTION

If you elected to drop your disability coverage and wish to reinstate it when you return from LOA, you will be required to submit the CIS\BEC forms, plus evidence of insurability (SOH form) within 45 days of returning to work (not applicable to Military leave). Your application will be subject to medical review by the insurance carrier MetLife, to determine eligibility. Employees cancelled for non-payment of premiums while on leave will not be able to purchase coverage again until the next Open Enrollment period after returning to work and are required to submit evidence of insurability (SOH form). When you are subject to the medical review process coverage is not guaranteed and you may not be approved.

FLEXIBLE SPENDING ACCOUNTS (HEALTHCARE AND DEPENDENT CARE)

You can continue to submit Reimbursement Request Forms for expenses incurred while you were on an unpaid leave. However, in order to be reimbursed for expenses incurred during that period, or following your return to work, you must keep your account active by continuing to submit contributions on a post-tax basis to **FBMC**, while you are on a leave without pay. If contributions are stopped 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 decide to drop your Flexible Spending Account or you do not remit your contributions on a timely basis, your Account(s) will be cancelled. You will not be able to participate in a Flexible Spending Account again until the Annual Open Enrollment period after your return to work. The bi-weekly spending account contributions must be sent to:

**FBMC – Benefits Management, Inc.
Client Accounting Department (DM)
P.O. Box 1878
Tallahassee, Florida 32302**

The check should be made payable to: **Vista Deposit Account/Miami-Dade. Write only the last four digits of your Social Security Number on the check.**

RETIREMENT

While you are on a leave without pay, you will not earn creditable service time with the Florida Retirement System (FRS). You must return to work immediately following the leave for at least one (1) calendar month in order to qualify to purchase the period that you were on leave without pay. You are eligible to purchase up to a maximum of two (2) years. If you were on Military Leave, you can purchase credits up to a maximum of five (5) years. You must have been honorably discharged and be entitled to return to work under the provisions of the Uniformed Services Employment and Reemployment Act.

Service credit for a military leave of absence will count toward the years of service you need to vest, and you don't need to be vested before you can receive such credit. However, any unpaid leave time (non-military leave) that you purchase will not be credited to your account until you have completed six (6) years of creditable service. If you established FRS membership on or after July 1, 2011, purchased time will not be credited until you complete eight (8) years of creditable service.

DEFERRED COMPENSATION

No contributions can be made to the Miami-Dade County Deferred Compensation Plan while you are on a 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**, either NRS or ICMA.

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.