



**Insurance Coverage Continuation Form
Family and Medical Leave Act**

Name:

Date:

Benefit	Current Coverage	Continue		Employee Premium	State Premium
		YES	NO*		
Health					
Dental					
Vision					
Long Term Disability					
Medical Flex Account					
Dependent Care Flex Account					
Basic Life					
Supplemental Life					
Accidental Death & Dismemberment					
Dependent Life					
	Employee's Total Cost				

Acknowledgment:

1. NDE will continue to pay for the State's contribution of my health coverage during my absence, and NDE's obligation to continue to contribute to my health coverage ends when:
 - a. I choose to discontinue health coverage during my unpaid Family and Medical Leave absence as I have indicated above or
 - b. I fail to return from leave upon schedule, or I inform NDE of my intent not to return. (Upon separation from employment, COBRA insurance continuation provisions may apply if insurance is in effect at the time of termination.)

2. If I choose to continue my insurance(s) as indicated above, I will make my premium payment(s) on the following basis: (choose one)
 - payroll deduction, if enough salary is received to cover the premium(s), or
 - payment made by check made payable to **Department of Administrative Services** for the above specified total and received by NDE Human Resources Office by the 15th of the month or the next business day thereafter in which the premium is due, or
 - prepaid on the following basis:_____.

3. While on leave, I will have the same opportunities as other employees to change coverage, plans, or benefits (e.g., open enrollment opportunities).

4. If I fail to make my premium payment by the end of the month in which it is due, the State will discontinue my insurance coverage.

5. The State may recover the State contributions made on my behalf should I fail to return to work after my Family and Medical Leave entitlement expires, unless the reason I fail to return is due to:
 - a. a continuation, recurrence, or onset of a serious health condition which would entitle me to leave under the Family and Medical Leave Act; or
 - b. other circumstances beyond my control as defined in the Family and Medical Leave Act.

Employee's Signature:

Date:



Employee Information Regarding Benefits During Family and Medical Leave
(Keep for your records)

When you are on FML for 30 calendar days or longer, you are allowed to terminate all or part of your benefits. You have 30 calendar days from the date leave begins to make a change. A change or termination of contributions becomes effective the first of the month following the date of the request. Upon return to work you have 30 calendar days to re-enroll in any of the benefits you had prior to FMLA with the coverage being effective the first of the month following the date of your return to work. **However, please note there are some restrictions when re-enrolling in some of the plans:**

Re-enrollment Policies

- **Health Plan** – No waiting period when re-enrolling. Must enroll in the same coverage you had prior to the coverage being terminated.
***Note:** A newborn, adopted, or child placed in foster care must be added to your insurance within 30 calendar days of birth or placement in your home. A certified copy of the birth certificate will need to be uploaded into the Employee Work Center when you are adding the new child to your benefits.
- **Vision Plan** – No waiting period when re-enrolling.
- **Dental Plan** – You are subject to the 12 month waiting period for all services other than preventative.
- **Long Term Disability** – Evidence of Insurability is required before coverage can be reinstated.
- **Basic Life** – Mandatory participation for all permanent full time employees – no underwriting
- **Supplemental Life** – Evidence of Insurability is required before coverage can be reinstated.
- **Accidental Death & Dismemberment** – no underwriting
- **Dependent Life** – Would require underwriting
- **Medical Flex** – Contributions can be paid either by (1) deducting missed contributions from paycheck prior to leave or (2) by paying by personal check during leave. If payments are not made during leave or deducted prior to leaving, the employee cannot submit claims for expenses incurred during the leave period. If discontinued during FMLA, upon return you may:
 - continue with original amount per pay period, thus reducing the annual election, or
 - increase the amount per pay period to reach the original annual election
- **Dependent Care Flex** – When you are not working, dependent care expenses during this time period are ineligible to be reimbursed regardless of contributions made.

***Newborn Coverage**

Under State Statute 44-710.19, all newborns of employees on a State's health plan receive 31 calendar days of automatic coverage. After 31 calendar days, coverage will end for the newborn.

To extend coverage beyond the first 31 calendar days, employees have 30 calendar days beginning with the newborn's date of birth to add the newborn under the employee's health plan. Spouses or any other eligible dependents may also be added at this time to Health, Dental, and Vision. Employees submit the request in the Employee Work Center (EWC) and must upload a certified copy of the birth certificate for the newborn.

Premiums are only charged if the employee adds the newborn on their health plan within 30 calendar days from date of birth. Premiums will begin on the first day of the month following the child's date of birth.

Example: Employee delivers baby on March 18.

- a. By statute, newborn is automatically covered until April 17.
- b. The employee has until April 16 to add the child and spouse through EWC.
 - If no request is submitted within 30 days from the child's date of birth, coverage ends April 17. No premiums will be charged for the newborn.
 - If request to add is submitted timely, coverage for the child will continue after April 17. Employee's health plan premiums will be adjusted effective April 1.

Please keep this page for your records and return page one to NDE Human Resources. If you need help completing this form, please contact NDE Human Resources 402-471-5027 or 402-471-5026.