

## Insurance Selections

For Employees Going on an Unpaid Leave of Absence (LOA)

**Use this form if you are going on an Unpaid Leave of Absence and not expected to receive pay.**

**For example, you go on an unpaid leave of absence May 15, 2020 and are expected to return August 15, 2020.**

**Note: Do not use this form if you are placed on a Consecutive Day Furlough or a Temporary Work Reduction (TWR) / Consecutive Day Furlough for a Partial Month.**

### Instructions for completing this form:

1. Download the form from the website (click on the hyperlink on the webpage to open and download the form).
2. Save the form to your computer (right click, then Save as).
3. Review the file name and location where the file where be saved. Change if needed. Click Save.
4. Navigate to where you saved the form to. Open the form.
5. Enter the data on the form.
6. Save your entries. Click the Save icon or go to File and select Save.

*Warning:* If you enter data directly into the downloaded form (before saving the form in Acrobat) and save it, the data you entered will not be saved. Follow the instructions above to save the data you enter.

### Alternatively, you may have the option to open the downloaded form in Acrobat:

1. Download the form from the website (click on the hyperlink on the webpage to open and download the form).
2. Click Open in Acrobat.
3. Enter the data on the form.
4. Save the form to your computer. Go to File, select Save as.
5. Select where you want to save the file. Click Save.

*Warning:* If you enter data directly into the downloaded form (before saving the form in Acrobat) and save it, the data you entered will not be saved. Follow the instructions above to save the data you enter.

### Submitting the form:

1. Before submitting the form, open it and review your selections.
2. Submit the completed form to UW-Shared Services, Service Operations:  
Email: [serviceoperations@uwss.wisconsin.edu](mailto:serviceoperations@uwss.wisconsin.edu),  
Fax: (608) 890-2327  
Mail: 660 W. Washington Ave, Ste 201, Madison, WI 53703

## **Insurance Selections**

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<b>Employee Name:</b>		<b>Employee ID:</b>	<b>Date:</b>
<b>Expected Begin Date of Unpaid LOA:</b>	<b>Expected End Date of Unpaid LOA:</b>	<b>Email Used during LOA:</b>	
<b>Mailing Address Used during LOA:</b>		<b>Phone Number Used during LOA:</b>	

During an unpaid leave of absence, you may maintain your benefit coverages as outlined below:

- Payroll Deduction
  - Multiple deductions from your paycheck(s) prior to your leave.
- Direct Bill (Benefits Billing)
  - If you elect to be billed, you will receive a monthly billing statement and you must submit your payment to UW-Shared Services, Service Operations by the 10<sup>th</sup> of each month.

If you do not want to maintain your benefits during your unpaid leave, you may let your benefits lapse. If coverage lapses, you may re-enroll in any lapsed benefits by submitting the applicable benefit application(s) to your institution's human resources office within 30 calendar days of your return to work from your leave (coverage effective first of the month following receipt of the application(s)). If you do not re-enroll within 30 days of your return to work, your next opportunity to enroll will be during the Annual Benefits Enrollment for coverage effective January 1<sup>st</sup>. There are no interim re-enrollment opportunities.

For the benefit plans in which you are enrolled, check "Yes" or "No" below to indicate if you want to maintain that benefit during your leave. If want to continue a benefit plan(s), also enter how you would like to pay the premium. If you do not want to keep a benefit plan(s), check "No" below – **DO NOT submit an application to cancel your benefits.**

Benefit Plan	Coverage Level	Monthly Employee Cost	Continue on LOA?		Payment Method
State Group Health Insurance		First 3 Months:	Yes	No	
		After 3 Months:	Yes	No	
Preventive Dental Insurance			Yes	No	
Supplemental Dental Insurance			Yes	No	
Vision Insurance			Yes	No	
State Group Life Insurance			Yes	No	
Individual & Family Life Insurance			Yes	No	
UW Employees, Inc. Life Insurance			Yes	No	
Accidental Death & Dismemberment Insurance			Yes	No	
Accident Insurance			Yes	No	
Income Continuation Insurance	N/A	First 3 Months:	Yes	No	
		After 3 Months:	Yes	No	
Flexible Spending Accounts (FSAs) – Health Care FSA and Dependent Day Care FSA	Within 30 days of the start of your unpaid leave of absence, you may <b>decrease</b> your annual election by completing an <a href="#">Election Change Request Form</a> . You can decrease your annual election to an amount equal to or greater than what you have already contributed for the current plan year.				
Other:			Yes	No	

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## Completion of This Form

This form should be submitted at least 30 days prior to the start of your unpaid leave of absence to the person listed below. Keep a copy of this completed form for your records.

## Transferring or Changing Benefits Due to Leave of Absence

If you are married to another UW System or State of Wisconsin employee, you may be able to transfer your benefits to your spouse. You may also be able to reduce your coverage level (e.g. change from family to single coverage) due to your leave of absence. For Individual & Family Life Insurance and Accidental Death & Dismemberment Insurance you may be able to transfer benefits to your spouse or domestic partner. Contact your benefits office for additional information about the options available to you.

## Leave of Absence Extended

Contact your benefits office if your leave of absence is extended to understand how your benefits may be affected.

## Within 30 Days of Returning to Work

You must submit applications to your benefits office to enroll in any lapsed benefit plans within 30 days of returning to work. Typically, your coverage will be effective on the 1st of the month on or following the receipt of your application. Contact your benefits office prior to or upon returning to work for additional information.

## Resources

- Benefits Contacts by Institution: <https://www.wisconsin.edu/ohrwd/benefits/contact/>
- Applications: <https://www.wisconsin.edu/ohrwd/benefits/formspubs>
- Additional Information: <https://www.wisconsin.edu/ohrwd/benefits/empcha/loa/>

**Employee Signature (Full Name)**

**Date**

*Employee* - Return completed form to:

<b>Name:</b>	<b>Phone Number:</b>
<b>Office Address:</b>	<b>Email:</b>

*Institution:*

COPY AND DISTRIBUTE:

- Employee
- Employee Benefits File
- UW-Shared Services, Service Operations

Email: [serviceoperations@uwss.wisconsin.edu](mailto:serviceoperations@uwss.wisconsin.edu),

Fax: (608) 890-2327

Mail: 660 W. Washington Ave, Ste 201, Madison, WI 53703