

Unpaid Leaves of Absence Form

Fax to: **608 831 4790**
 Mail to: **Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347**
 Phone support: **800 346 2126 | 608 831 8445**
 E-mail support: **employerservices@ebcflex.com**

Do Not Report a Paid Leave of Absence

A paid leave does not result in a permitted election change. Payroll deductions continue and your Health Care FSA, Dependent Care FSA and/or Individual Billed Insurance Premium Account (IND) will remain open.

Some tips to remember when completing the Unpaid Leaves of Absence Form:

1. **Complete the Account Holder Information.**
2. In the section **Dates Governing the Unpaid Leave**, indicate:
 - The **first and last day** of the unpaid leave. If the last day of the unpaid leave is unknown, leave that date blank
 - The **first payroll** after the leave begins that will be affected by the unpaid leave.
3. If you have a Health Care FSA or Limited Health Care FSA, please indicate whether your leave is Unpaid FMLA Leave, Personal (non-FMLA) Unpaid Leave or USERRA.

(e.g., the leave is longer than 12 weeks), the remaining portion of the leave is an unpaid leave (no longer subject to FMLA) and you should complete another form for that portion of the leave.

For Personal (non-FMLA) Unpaid Leave:

Indicate whether eligibility is lost [C]

- If eligibility is lost and you elected COBRA (using official COBRA paperwork), choose one of the payment options [D]
- If eligibility is not lost, choose one of the payment options [E]

For USERRA Unpaid Leave:

Choose one of the two election options

- If electing to keep the account active, choose one of the payment options [F]

4. Dependent Care FSA or Individual Premium Account (page 2)

Indicate whether eligibility is lost [G]

- If eligibility is not lost choose one of the payment options [H]

5. If you wish to change your elections upon returning from leave, please request a **Permitted Election Change Form** from your employer

Health Care FSA (pages 1-2)

For **Unpaid FMLA Leave:**

Choose one of the three election options

- If a temporary suspension is elected, choose one of the deductions options [A]
- If you elected to keep your account active, choose one of the payment options [B]

If you do not return to work prior to exhausting the maximum FMLA period

The BESTflex Plan Unpaid Leaves of Absence Form 1

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Account Holder Information

Last Name: _____ First Name: _____
 Last 4 Digits of Social Security or Identification Number (Required): _____
 Email Address (we do not share e-mail addresses): _____ Employer: _____ Org ID: _____

Unpaid Leave Dates

Please complete this form and return it to your employer for signature **BEFORE** your leave begins.
 Employer: please sign and return form to Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347. Enclose a copy for your records.

Date the Unpaid Leave Begins (mm-dd-yyyy): _____ Date Employer Will Return to Work (mm-dd-yyyy): _____ First Affected Payroll Date after Unpaid Leave Begins (mm-dd-yyyy): _____

Health Care FSA

Unpaid Family Medical Leave Act (FMLA) Leave of Absence

Suspend My Account AND Unsuspend My Account upon Return (Absence will NOT be reimbursable.)
 Please elect one of the options below:
 Prorate election (A) I will have the same payroll deductions taken as I did before the leave and my new election will be reduced by the missed deductions. My annual election amount will be same as it was before I took leave. I understand that my payroll deductions will increase upon returning from leave to make up for the missed deductions.
 Reinstatement upon return
 Keep My Account Active During the Unpaid FMLA Leave Period (Claims incurred during the Unpaid FMLA Leave of Absence WILL be reimbursable.)
 Please elect one of the payment options below:
 Catch Up (B) I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
 Pre-Pay I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.
 Pay As You Go I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis. I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.
 Revoke My Election and Close My Account for the Rest of the Plan Year (Only claims incurred prior to the Unpaid FMLA Leave of Absence will be reimbursable.)

Personal (non-FMLA) Leave of Absence

Eligibility is lost (C) (Plan eligibility requirements or company leave policy)
 No election changes may occur.
 Please elect one of the payment options below:
 Keep My Account Active Through COBRA (Claims incurred during the Personal (non-FMLA) Unpaid Leave of Absence WILL be reimbursable.)
Official COBRA paperwork should be completed if this option is selected.
 Catch Up I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
 Pre-Pay I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.
 Pay As You Go I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis. I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.
 Revoke My Election and Close My Account for the Rest of the Plan Year (Only claims incurred prior to the Personal (non-FMLA) Unpaid Leave of Absence will be reimbursable.)

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The BESTflex Plan Unpaid Leaves of Absence Form 2

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Eligibility is not lost (G) (Plan eligibility requirements or company leave policy)
 No election changes may occur.
 Please elect one of the payment options below:
 Catch Up I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
 Pre-Pay I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.
 Pay As You Go I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis. I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.

Uniformed Services Employment and Reemployment Rights Act (USERRA) Unpaid Leave of Absence

Please elect one of the payment options below:
 Keep My Account Active During the USERRA Leave Period (Claims incurred during the Unpaid USERRA Leave of Absence WILL be reimbursable.)
 Please elect one of the payment options below:
 Catch Up I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
 Pre-Pay I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.
 Pay As You Go I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis. I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.
 Revoke My Election and Close My Account for the Rest of the Plan Year (Only claims incurred prior to the Unpaid USERRA Leave of Absence will be reimbursable.)

Dependent Care FSA and/or Individual Premium Account

Eligibility is lost (G) (Plan eligibility requirements or company leave policy)
 No election changes may occur.
 Please elect one of the payment options below:
 Catch Up I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
 Pay As You Go I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis. I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.

Signatures:

X Employee Signature _____ X Payroll/HR Officer Signature _____
 Print Name: _____ Print Name: _____
 Date (mm-dd-yyyy): _____ Date (mm-dd-yyyy): _____

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Account Holder Information

Last 4 Digits of Social Security or Identification Number (Required)

Last Name _____ First Name _____
 E-mail Address (we do not share e-mail addresses) _____ Employer _____ Org ID _____

Unpaid Leave Dates

Please complete this form and return it to your employer for signature **BEFORE** the unpaid leave begins.

Employer: please sign and return form to Employee Benefits Corporation. You may wish to keep a copy for your records.

Date the Unpaid Leave Begins (mm-dd-yyyy) _____ Date Employee Will Return to Work (mm-dd-yyyy) _____ First Affected Payroll Date after Unpaid Leave Begins (mm-dd-yyyy) _____

Health Care FSA

Unpaid Family Medical Leave Act (FMLA) Leave of Absence

Suspend My Account AND Unsuspend My Account upon Return from Unpaid FMLA Leave (I understand that Claims incurred during my Unpaid FMLA Leave of Absence will NOT be reimbursable.)

Please elect one of the options below:

- Prorate election upon return** I will have the same payroll deductions taken as I did before the leave and my new election will be reduced by the missed deductions.
- Reinstate election upon return** My annual election amount will be same as it was before I took leave. I understand that my payroll deductions will increase upon returning from leave to make up for the missed deductions.

Keep My Account Active During the Unpaid FMLA Leave Period (Claims incurred during the Unpaid FMLA Leave of Absence WILL be reimbursable.)

Please elect one of the payment options below:

- Catch Up** I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
- Pre-Pay** I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.
- Pay As You Go** I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis.
 I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment

Revoke My Election and Close My Account for the Rest of the Plan Year (Only claims incurred prior to the Unpaid FMLA Leave of Absence will be reimbursable.)

Personal (non-FMLA) Unpaid Leave of Absence

Eligibility is lost (Under BESTflex Plan eligibility requirements or company leave policy)

Please elect one of the payment options below:

- Keep My Account Active Through COBRA** (Claims incurred during the Personal (non-FMLA) Unpaid Leave of Absence WILL be reimbursable.)

Official COBRA paperwork should be completed if this option is selected.

- Catch Up** I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.
- Pre-Pay** I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.
- Pay As You Go** I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis.
 I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.

Revoke My Election and Close My Account for the Rest of the Plan Year (Only claims incurred prior to the Personal (non-FMLA) Unpaid Leave of Absence will be reimbursable.)

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Eligibility is not lost (Under BESTflex Plan eligibility requirements or company leave policy)

No election changes may occur.

Please elect one of the payment options below:

Catch Up

I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.

Pre-Pay

I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.

Pay As You Go

I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis.

I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.

Uniformed Services Employment and Reemployment Rights Act (USERRA) Unpaid Leave of Absence

Please elect one of the payment options below:

Keep My Account Active During the USERRA Leave Period (Claims incurred during the Unpaid USERRA Leave of Absence WILL be reimbursable.)

Please elect one of the payment options below:

Catch Up

I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.

Pre-Pay

I would like to pre-pay the payroll deductions I will miss during my leave. Payments can be pre-tax if within the same plan year and post-tax if not.

Pay As You Go

I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis.

I understand that if I choose either the Pre-Pay or Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.

Revoke My Election and Close My Account for the Rest of the Plan Year (Only claims incurred prior to the Unpaid USERRA Leave of Absence will be reimbursable.)

Dependent Care FSA and/or Individual Premium Account (IND)

Eligibility is lost (Under BESTflex Plan eligibility requirements or company leave policy.) **Revoke My Election and Close My Account for the Rest of the Plan Year** (Dependent Care FSA claims incurred during plan year will be reimbursable. Only IND claims incurred prior to the Unpaid Leave of Absence will be reimbursable.)

Eligibility is not lost (Under BESTflex Plan eligibility requirements or company leave policy)

No election changes may occur.

Please elect one of the payment options below:

Catch Up

I agree to make up payroll deductions I miss during leave when I return from the leave. Payments will be pre-tax if within the same plan year and post-tax if not.

Pay As You Go

I agree to make payments to my employer while on leave to cover missed payroll deductions. This is done on a post-tax basis.

I understand that if I choose the Pay As You Go option above, I am authorizing my employer to deduct any missed payments upon my return to employment.

Signatures:

X

Employee Signature

X

Payroll/HR Officer Signature

Print Name

Print Name

Date (mm-dd-yyyy)

Date (mm-dd-yyyy)