

Military Leave and Benefit Election Form

Instructions to employee: Federal and state law provides several options concerning leave and benefits for employees absent from work due to military service. Please make such elections by completing this form and returning to the employing facility/unit. It is your responsibility to furnish all documentation and meet any requirements pursuant to such elections.

Employee Name (PRINTED) _____ State Employee ID# _____ Facility/Unit _____ Date of Activation _____

Leave Election: Following the exhaustion of 30 days of paid military leave in any federal fiscal year (beginning October 1 and ending September 30), I am electing [check (✓) election 1, 2, 3, or 4] to cover any absence from work due to military service in accordance with applicable department procedures and Merit Rules:

- ___ 1. Exhaust all paid time and leave programs (annual, compensatory, holiday) prior to placement on leave without pay
- ___ 2. Exhaust all paid time and leave programs prior to placement on leave without pay except for the following balances: (Please indicate the # of hours to be maintained as a balance in each category of time/leave. If you do not wish to use any amount of a particular time/leave balance, substitute "all" for the # of hours. Please note that some time/leave balances require either payment or loss if not used within a specified amount of time)
 - # of annual leave hours to remain unused _____
 - # of compensatory hours remain unused _____
 - # of holiday hours to remain unused _____
- ___ 3. Maintain all current balances of paid time/leave, cover all absences with leave without pay.
- ___ 4. Cover each pay period with both paid and unpaid leave. Please indicate the # of paid leave hours to be used during each pay period and any balances that should not be used.
 - # of paid leave hours to be used each pay period: _____
 - Please check (✓) a. or b. below:
 - ___ a. use all paid leave until exhausted
 - ___ b. use paid leave until reaching balances indicated in # 2 above.

Benefit Election: If you are on **military leave without pay for more than 30 days** (and not on a paid leave option in accordance with election 1., 2. or 4. above) you may select (✓) an insurance option from among the four options listed below. Employees who have elected to use paid leave will retain the insurance coverage selected for the Plan Year during Option Period.

- ___ 1. Discontinue all current health, dental, life, and disability insurance coverage for you and your covered dependents.
- ___ 2. Discontinue all current coverage except for life insurance for you and covered dependents.
- ___ 3. Retain all current coverage for you and your dependents at current premium rates. All premiums are paid directly to the department.
- ___ 4. Discontinue all current coverage for you and retain all current coverage except life insurance for your dependents at a cost of 102% of current premiums. All premiums are paid directly to the Employees Group Insurance Division of the Office of Management and Enterprise Services.

Paychecks: If you are anticipating any paychecks in your absence (regular pay, longevity, holiday, overtime) and are not already on direct deposit, please consider signing up for direct deposit before your departure. Otherwise, please indicate below, the name of a person authorized to pick up your check(s) during your absence.

Name of Person Authorized to Pick Up Checks

My signature below indicates that the elections and authorizations indicated on this form will remain in effect until superseded or until I return to work.

Employee Signature _____ Date _____

HRMS (or designee) Signature _____ Date of Receipt _____

Distribution: Original to Personnel File

Copy to Central H.R./Benefits Unit, Copy to Employee

(R 10/18)