

COUNTY OF RIVERSIDE
Human Resources Department

RETENTION OF INSURANCE

+ Family and Medical Leave Act (FMLA) + California Family Rights Act (CFRA)
 + California Pregnancy Disability Act (PDL)

Form to Be Completed by the Department Designee

Employee Name (Last, First, Middle):	Employee ID Number:	Date Provided to Employee:
Department:	Leave Begin Date:	Leave End Date:

Employee's Obligation for Retention of Insurance Coverage

You may choose not to retain group health plan coverage during FMLA or CFRA leave. If you choose to terminate your coverage during leave, when you return from leave you are entitled to be reinstated to the same coverage elections in place prior to taking leave. It is your responsibility to request the termination of coverage by submitting a completed Benefits Election Form within 60 days of beginning your FMLA or CFRA leave and for requesting reinstatement of coverage within 60 days of your return from leave by completing and submitting a new Benefits Election Form.

If you choose to retain your coverage while on leave, you must continue to pay your share of premiums.

PAID LEAVE

- You are **required** to use your applicable leave balances during your leave. (Refer to the Use of Accruals for Paid Family and Medical Leave chart.)
- You have elected to use your applicable leave balances during your leave.

While using your leave accruals, the County will continue Flexible Benefit Credits and will automatically deduct your premium contributions for health plan elections (medical, dental, and vision) from your pay warrant whenever your income is sufficient.

While receiving Short Term Disability (STD) benefits, your premiums contributions will automatically be deducted for health plan elections (medical, dental, and vision) whenever your disability benefit is sufficient.

UNPAID LEAVE - If you are in an unpaid leave status while on leave, the County will continue to pay the Flexible Benefit Credits while you are on FMLA and/or CFRA protected leave (for a maximum of 12 weeks from the date your leave begins). If you have decided to keep your insurance coverage during your unpaid leave (if applicable), you will need to pay the monthly costs reflected below. If your leave extends to a new calendar year, your premiums will adjust to match those required of active employees for the same coverage.

PAYMENT OF INSURANCE PREMIUMS: Your share of premiums will be deducted from your pay warrant whenever possible. Whenever your insurance plan cost cannot be deducted from your pay warrant, you must pay your share of the premiums directly to the County of Riverside. You may not receive an invoice for your health plan premiums. You are responsible for submitting premium payments not deducted from your pay warrant **by the 25th day of the month preceding coverage.** (For example, March premiums, collected from your February pay warrants, are due on February 25th.) **Retain both pages of this notice for your reference.**

For County plans, make your check or money order payable to "**County of Riverside.**" Mail your payments to: County of Riverside, Benefits LOA Accounting, P.O. Box 1569, Riverside, CA 92502-1569.

For CalPERS health plans, contact your Department Representative for the mailing address of your health plan.

FAILURE TO PAY INSURANCE PLAN COSTS WHILE ON LEAVE: While you are on FMLA or CFRA protected leave, the County is required to maintain your coverage under our group health plans, under the same conditions as coverage would have been provided if you had been continually employed during the entire protected leave period. If you do not pay your portion of premiums during protected leave, your premiums will be paid for you and will be collect from your pay warrant when you return from leave. If you fail to make timely payment for health care premiums after your protected leave (FMLA/CFRA) ends and you are unable to to return to work, your coverage will be terminated for non-payment of premiums and you will be notified. Any premiums paid on your behalf during this period remain your responsibility to pay and will be collected from your pay warrant when you return from leave.

FAILURE TO RETURN TO WORK FOLLOWING THE LEAVE OF ABSENCE: If you do not return from FMLA or CFRA protected leave, you may be responsible for repayment of the Flexible Benefit Credits you received while on leave.

If you have any questions, please contact the Department Designee noted below.

Department Head/Designee Printed Name:	Department Head/Designee Signature:	Date:	Contact Phone: ()
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Employee Name (Last, First, Middle):	Employee ID Number:
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PAYMENT OF INSURANCE PREMIUMS: Your share of premiums will be deducted from your pay warrant whenever possible. Whenever your insurance plan cost cannot be deducted from your pay warrant, you must pay your share of the premiums directly to the County of Riverside. You may not receive an invoice for your health plan premiums. You are responsible for submitting premium payments not deducted from your pay warrant **by the 25th day of the month preceding coverage.** (For example, March premiums, collected from your February pay warrants, are due on February 25th.) **Retain both pages of this notice for your reference.**

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YOUR MONTHLY PLAN COSTS*

PLAN TYPE	PLAN NAME	MONTHLY COST
Health		\$
Dental		\$
Vision		\$
FSA	(Health Care Only)	\$
Your Total Monthly Plan Costs:		\$
County Paid Flexible Benefit Credits:		\$
Your Required Monthly Premiums:		\$

*Department Designee Instructions: Refer to the current Annual Enrollment Guide for rates.

RETAIN THIS NOTICE FOR YOUR REFERENCE