

NOTIFICATION OF INSUFFICIENT WAGES FOR PAYROLL DEDUCTION

Employee Name _____ Department _____

Type of Leave

- FMLA without Pay
- Leave of Absence without Pay (non FMLA)

Payroll Deduction

Payroll Deductions can only be made if a paycheck will be received on the first and second pay of the month during the requested month of coverage and the payroll deduction will cover the premium due.

Month of Coverage _____

Pay Date _____ (1st check of month) Sufficient Wages Yes No

Pay Date _____ (2nd check of month) Sufficient Wages Yes No

Self-Pay Amount Due

Employees not receiving both pay checks must self-pay the required employee premium to continue benefits. If FMLA, employee must self-pay the employee's monthly premium (payroll deduction portion only), if non-FMLA COBRA rate may apply.

\$ _____
\$ _____
\$ _____
\$ _____

Health/Rx Single Family
Vision Single Family
Dental Single Family
Life (Non-FMLA only)

Total Due \$ _____ Month of Coverage _____

Payment Due Date _____

Payment is due by the last day of the month prior to the month of coverage.

Refer to the Family Medical Leave policy for more information regarding benefits, reinstatement after leave, and non-returning employees.

Failure to pay premium(s) will result in termination of coverage(s). Employees in a Stability Period who lose coverage due to failure to pay the premium (non-FMLA) are not permitted to re-enroll in the Plan for the remainder of the Stability Period without a Special Enrollment Event and retroactive premiums are paid upon reinstatement.

Employee Signature _____

Date _____

Supervisor Signature/_____

Date _____

Insurance Representative Signature

cc: Employee
Submit original with monthly insurance report