



HUMAN RESOURCES

Illinois State University

Leave of Absence

What you should know about Time Away From Work

Going on a Leave of Absence or being placed in a Non-Pay Status is a qualifying change which allows you to make changes to your current coverage. **Requests must be made to your Benefit Counselor in writing within 60 days of the start of your time away from work.** All changes are effective the later of the effective date of the Leave of Absence/Non-Pay Status or the date of your request.

What You Need to Know: *Your responsibilities while on a leave of absence*

- Full-time employees **must** maintain coverage for themselves unless they are on a leave of absence that requires the employee to pay 100% of the premium.
- You **must** pay your elected premiums timely.
- You **must** notify your Benefit Counselor immediately when you:
 - Change your address
 - Physically return to work from a leave of absence
 - Become eligible or enroll in Medicare due to age, disability, or End Stage Renal Disease

What This Means for You

Options are available that could lower your premium if requested within 60 days of the start of your leave.

- Drop dependent coverage (re-enrollment of dependents is NOT automatic when you return to work)
- Reduce or drop your Optional Life Coverage (a Statement of Health will be required to reinstate Optional Life)
- Some Leaves of Absence require employees to pay 100% of the State and member portions of the premium. If you are on this type of leave (check with your Benefit Counselor), you may choose to waive health, dental, and life coverage, including basic and/or optional life coverage
- Members who will waive all coverage may become a dependent of their State-employed spouse until you physically return to work
- Full-time employees who have other comprehensive coverage can opt out of health, dental, and vision coverage upon providing proof of other comprehensive medical coverage
- Part-time employees can waive Health, Dental, Vision, and Optional Life coverage

What You Need to Do: Billing Procedure

- Billing statements will be mailed to you on a monthly basis by the CMS Special Payment Programs Unit. Payment **must** be received by the due date indicated on the statement. Failure to submit payment may result in termination of coverage and/or filing of an involuntary withholding order to collect the unpaid premium.

NOTE: This is an informational piece only and is not intended to list all available options and consequences. To be fully informed of your responsibilities and options, read your Member Handbook and the most recent Benefit Choice Options booklet. For additional information and to obtain the required forms, see your Benefit Counselor within 60 days of going on your Leave of Absence.

Returning to Work

What You Should Know

Your physical return to work from a Leave of Absence is a qualifying change which allows you to make changes to your current coverage. **Requests must be made to your Benefit Counselor in writing within 60 days of your physical return to work.** All changes are effective the later of the effective date of your return to work or the date of your request.

You Are Required To

- Notify your Benefit Counselor when you have returned to work. You must submit a physician's release to Human Resources as soon as you receive it. You CANNOT return to work without a release from Human Resources.

You Have the Option To

- Opt back into the Program (full-time employees)
- Re-enroll in the Program (part-time employees)
- Add dependent coverage
- Reinstate dependent coverage
- Add or increase Member Optional Life or add Spouse Life and/or Child Life – a Statement of Health is required and must be approved by the Life Plan Administrator
- Waive Health, Dental, and Vision (part-time employees)
- Opt-Out of Health, Dental, and Vision (full-time employees) upon providing proof of other comprehensive medical coverage

If you were a dependent under your State-Employed spouse, your coverage must be reinstated with the same Health and Dental as provided prior to your time away from work. Your Member Optional Life coverage may be reinstated without Statement of Health approval if you were continuously covered under Spouse Life. All other dependent coverage will remain under your spouse unless requested otherwise within 60 days of your return to work.

Termination for Non-Payment of Premium

If you fail to make payment to the Premium Collection Unit while on a Leave of Absence or in a Non-Pay Status, your insurance may be terminated and/or an involuntary withholding order may be filed. Premiums cannot be payroll deducted upon your return to work.

NOTE: This document is provided as an OVERVIEW only. To obtain further information or to obtain the required forms, contact your Benefit Counselor.

Print Name

UID

Signature

Date