LEAVE WITHOUT PAY (LWOP) Benefits Coverage Election Form

Employees who are or expected to be on leave without pay must complete this form to indicate treatment of benefits while on leave without pay. Failure to complete this form could result in unexpected premium cost or loss of coverage.

While in a LWOP status, an employee may continue, change, or cancel insurance coverage. Changes must be made within 30 days of the leave start date.

Please read the special conditions outlined below for the treatment of benefits during leave without pay before making an election to cancel coverage.

- **Approved Family Medical Leave (FMLA):**
  - **Insurance:** LSU will continue to pay the employer portion of health and OGB life insurance when an employee is on an approved family medical leave. The employee must continue to pay their portion of premiums for elected coverage during the leave without pay period.
  - **Retirement:** While in a LWOP status, an employee will not earn any retirement credit towards retirement for LASERS, TRSL, ORP, Deferred Compensation, or Social Security.

- **Workers Compensation:**
  - **Insurance:** LSU will continue to pay the employer portion of health and OGB life insurance premiums when an employee is on LWOP due to a work-related injury that is approved by Workers Compensation. The employee must continue to pay their portion of premiums for elected coverage during the leave without pay period.
  - **Retirement:** Employees on Workers Compensation may contribute retirement contributions while on Leave without pay. Contributions will be unsheltered (post-tax).

- **Military Leave:**
  - **Insurance:** The employee must contact HRM prior to going on military leave. LSU will continue to pay the employer portion of health and OGB life insurance when an employee is on military leave. The employee must continue to pay premiums for elected coverage during the leave period.
  - **Retirement:** Employees on qualified Military leave under USERRA in a Leave without Pay status or those receiving Differential Pay less than their LSU base pay, may contribute retirement contributions. Contributions will be unsheltered (post-tax).

- **Leave without Pay (Not FMLA, Worker’s Compensation, or Military Leave):**
  - **Insurance:** While in LWOP status, an employee may continue, change, or cancel insurance coverage. However, the employee must pay both portions (employee and employer) of the health and OGB Life premiums beginning the first full calendar month on LWOP, unless otherwise specified below. LSU does not contribute to any other insurance plans; therefore, the cost remains the same for all other benefits. Coverage can be continued on LWOP for up to 12 months.
  - **Retirement:** While in LWOP status, an employee will not earn any retirement credit towards retirement for LASERS, TRSL, ORP, Deferred Compensation, or Social Security.
Authorization to Continue or Cancel Benefits During Leave Without Pay

Name: ___________________________________________  LSU ID: __________________

Leave Without Pay Start Date: ______________________  End Date: __________________

Reason for Leave Without Pay [please check the appropriate box]:

☐ Work Related Injury (Workers Compensation)
☐ Approved Family Medical Leave [approved request for medical leave form attached]
☐ Military (USERRA) or Military Differential Pay
☐ Other (please indicate reason for leave): ________________________________

Please circle which benefit plans you wish to continue, change, or cancel during the leave period:

<table>
<thead>
<tr>
<th>Benefit Plan</th>
<th>Continue</th>
<th>Change</th>
<th>Cancel</th>
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<tbody>
<tr>
<td>Health Insurance</td>
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<td>Dental Insurance</td>
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<td>Vision Insurance</td>
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<td>Flexible Spending Account - Healthcare</td>
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<td>Flexible Spending Account – Dependent Care</td>
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<td>OGB Life Insurance through Prudential</td>
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<td>LSU Life Insurance through UnitedHealthcare</td>
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<td>Critical Illness</td>
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<td>Accident Protection</td>
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<td>Accidental Death and Dismemberment</td>
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<td>Long Term Care</td>
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<td>Long Term Disability*</td>
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<td>Retirement Contributions**</td>
<td>Contribute Contributions</td>
<td>Do Not wish to Contribute</td>
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*Your Long-Term Disability Policy will be suspended and automatically reinstate when you return to a paid status unless you elect to cancel your policy.

If you are going out on leave without pay due to a disability and have applied or will apply for your disability benefits, you are required to remit premiums for your 90-day elimination period. If you are not going out on a disability but wish to be covered in the event of a disability while on leave without pay, premiums must be paid in a lump sum by the employee for the duration of the leave.

If you cancel Term Life, Critical Illness, or Long-Term Disability you must submit Evidence of Insurability and be approved before coverage will be effective.

If you fail to remit premiums for Long-Term Care, you must submit Evidence of Insurability and be approved. Your LTC premium is subject to change based on your current age.

**Retirement Contributions: Only applies to Worker’s Compensation, Military, or Unpaid Sabbatical Leave. Contributions will be unsheltered (post-tax).

**Note: If you experience a qualifying life event (ex: birth, marriage, adoption) while in a leave or leave without pay status that impacts your benefits, you must notify and complete the necessary enrollment transactions in Workday within 30 days of the event. Failure to complete the necessary transactions within the allowed timeframe may have a significant impact on your benefit needs.**

The LSU Payroll office will bill you directly for premiums due. Premiums are due by the 5th of the month. Premiums must be paid in advance and can be paid monthly or quarterly. Checks should be made payable to LSU and remitted to the address below. Failure to remit premiums by the due date could result in cancellation of coverage.

LSU Accounting Services
Attention: Payroll
204 Thomas Boyd Hall
Baton Rouge, LA 70803

Bill me at [address]: ______________________________
______________________________
______________________________

Phone Number in case we need to reach you: ______________________________

Signature: ________________________________ Date: ________________________________

Once completed, please submit form to benefits@lsu.edu

Revised 7/5/2023