



**Flagler County Public Schools
HUMAN RESOURCES DEPARTMENT**

1769 East Moody Blvd ■ Bunnell, FL 32110
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www.flaglerschools.com

Leave of Absence /FML Premium Pay Options Agreement

Human Resources

Name: _____ **Soc. Sec#** _____ **Date:** _____

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Director

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Executive Secretary
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Certification Specialist
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Benefit Specialist
Ext. 1101

Brenda Judd
Benefit Specialist
Ext. 1102

In accordance with School Board Policy and Federal Regulation, Code 825, the employee is responsible for their Insurance premiums once your accrued leave has ended.

- Insurance premiums will be deducted from accrued paid vacation, personal & sick leave pursuant to School Board Policy Chapter 6 #631.
- Employee can elect to deduct the total sum of insurance premiums to cover the leave dates from a contractual pay out. Employee will need to provide a written request or email to the Benefits Department prior to leave. Benefits can provide an estimate of total insurance premium due, for the duration of leave at time of request.
- Employee can elect to cancel insurance coverage while out on leave. Employee will need to provide a written request or email to the Benefits Department prior to leave. The employee will have the option to restart the insurance coverage upon returning to work. A new benefit enrollment is required. Employee will not be eligible for COBRA until FML is exhausted.

**** The following occurs once paid leave & FML has ended, and the employee has transitioned to unpaid leave: Employee will be responsible for the board portion of the insurance premium if the employee has not received any pay within a calendar month. Additionally, the Board may recover its share of health plan premiums during a period of unpaid FMLA leave from an employee if the employee fails to return to work after the employee's FMLA leave entitlement has been exhausted or expires. See exceptions in paragraph six of Board Policy 631. Billing statements will reflect changes to your payment obligations. Proposed date this will occur is _____, 20____.**

*****Employee payment is due at the same time as it would be made if a payroll deduction occurred. (i.e. every payroll date.) Payroll Payment schedule attached _____. Addendum "A" attached _____. Addendum "B" attached _____. Addendum "C" attached _____.**

Supplemental Insurance is the responsibility of the employee and must be paid directly to the carrier during your leave of absence. Contact sheet attached.

*****Notice: An employer's obligation to maintain health insurance coverage cease under FMLA if an employee's premium payment is more than 30 days late. Employer will provide written notice of nonpayment at least 15 days before coverage is to be canceled.**

I affirm that I have spoken with a benefit specialist and understand my benefit payment options. I understand that in accordance with School Board Policy and Federal Regulations that my health benefits can be canceled for non-payment of premium. I understand that it is my responsibility to contact the Flagler County Benefit Department with current address, phone numbers and contact information so that a benefit specialist can obtain status of payment as necessary.

I hereby certify that I have received and read a copy of the Leave of Absence / FML payment options and that I have discussed any concerns with a Benefit Specialist.

Employee Signature

Date

Benefit Specialist

Witness