

# IBIS 125 Advantage Plan Leave of Absence Form

To be completed and returned with a change of status form.

Return to: 105/125 Department  
800.258.1415  
515.286.4244 fax

Iowa Bankers Insurance & Services, Inc  
PO Box 6210  
Johnston, IA 50131

Employer Name/Location	Billing/Routing Number
Employee	Social Security Number
Address	Date Leave Begins

### Type of Leave

- Family Medical Leave (FMLA)     
  Leave of Absence     
  Military Service Leave (USERRA)
- Leave will be   
  Paid\*   
  Unpaid

\*Paid leaves of absence are not a qualifying change in status. If leave is paid, the remainder of the form does not need to be completed.

### Please complete this section if leave is for unpaid FMLA.

An employee may elect to stop his/her deductions while on leave and reinstate the deduction at the same amount when he/she returns to work. Services incurred while on leave will not be eligible for reimbursement if deductions are not made up. The employee's annual election will be adjusted by the amount of missed deductions.

- I **do not** wish to make up my deductions for my benefits. I understand that services incurred while on leave are not eligible for reimbursement and my annual election will be adjusted by the amount of missed deductions. Also, I understand I may elect to reinstate my elections when I return.
- I want my elections reinstated when I return from leave.
  - I do not want my elections reinstated when I return from leave. My Plan Coverage will terminate and I have 90 days after the plan year ends to submit claims for services incurred prior to my leave.
- I **do** wish to make up my deductions for health benefits. I understand this will continue my Plan Coverage. With Employer's approval, I would like to elect the following payment options:
- Pre-Pay** - I choose to pay for deductions that I will miss prior to my leave.
  - Pay as you go** - I will continue to make payments for deductions that I will miss while on leave.
  - Catch up** - I elect to make up my missed deductions when I return from leave.

Continued



**Please complete this section for unpaid leave of absences. (not FMLA)**

To continue Plan Coverage, an employee may choose to make up his/her deductions missed while on an unpaid leave of absence. If he/she chooses not to make up the deductions, the Plan Coverage will end as of the day of the leave. The employee will have 90 days after the plan year ends to submit claims for services incurred prior to the leave.

- I **do not** wish to make up my deductions missed while on leave. I understand my Plan Coverage will end the day my leave is effective. I will only be permitted to re-enroll as allowed by the Plan. Also, I understand that all services incurred must be prior to my leave to be eligible for reimbursement.
- I **do** wish to make up my deductions missed while on leave. With my Employer's approval, I would like to elect the following payment option:
- Pre-Pay** - I choose to pay for deductions that I will miss prior to my leave.
  - Pay as you go** - I will continue to make payments for deductions that I will miss while on leave.
  - Catch up** - I elect to make up my missed deductions when I return from leave.

**Employees on Military Services Leave covered by Uniformed Services Employment and Reemployment Rights Act (USERRA) complete the following section:**

USERRA mandates COBRA-like qualities to protect veterans' rights to health benefits while away from employment. An employee who leaves employment for service in the military is entitled to health coverage for him/herself and employee's dependents for a period of equal to the lesser of:

- 1) 24 months beginning on the date on which the employee's Military Leave of absence begins; or
- 2) the period beginning on the date on which the employee's Military Leave of absence begins and ending on the date the employee fails to return from service or apply for a position as provided in the USERRA regulations.

If the employee is on Military Leave less than 31 days, the employer may only charge the amount the employee would have paid, if any, for health coverage had he or she continued to be actively employed with the employer. If the employee is on Military Leave for more than 31 days, the employer may charge up to 103% of the full premium under the plan.

- I **do not** wish to continue health coverage in the plan while I am on Military Leave. I understand that my Plan Coverage will end. I may be eligible to re-enroll in the Plan upon my return from Military Leave.
- I **do** wish to make up my missed deductions in order to keep my health coverage in the Plan. With my Employer's approval, I would like to elect the following payment option:
- Pre-Pay** - I choose to pay for deductions that I will miss prior to my leave.
  - Pay as you go** - I will continue to make payments for deductions that I will miss while on leave.
  - Catch up** - I elect to make up my missed deductions when I return from leave.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_