

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

Benefit plans	Continue	Change	Cancel
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Spending Account – HealthCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Spending Account – Dependent Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OGB Life Insurance through Prudential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSU Life Insurance through United HealthCare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accident Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death and Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care (LTC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability* (LTD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Contributions**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Long-Term Disability:** Your policy will be suspended and automatically reinstate when you return to a paid status unless you elect to cancel your policy.

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

If you are going out on leave without pay due to a disability and have applied or will apply for 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.

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.

Upon your return from LWOP, you have **30 days** to re-enroll in your benefits. If you do not re-enroll within 30 days, you must wait until Annual Enrollment. If you cancel coverage or fail to remit premiums for Life Insurance and/or Long Term Care, you must submit Evidence of Insurability and be approved before coverage will be effective. Your LTC premium is subject to change based on your current age.

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 the form to benefits@lsu.edu

Revised 8/3/2023