

**BENEFITS NOTICE DURING  
UNPAID LEAVE OF ABSENCE  
EMPLOYER FORM**



**This form is to be fully completed by the *Employer* for unpaid leaves.**

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>MIDDLE INITIAL</b>
<b>EMPLOYER NAME AND CODE</b>	<b>CERT #</b>	<b>PAYROLL #</b>
<b>LEAVE OF ABSENCE TYPE</b>		
<b>UNPAID PERIOD FROM (MM/DD/YYYY) ___/___/___ TO (MM/DD/YYYY) ___/___/___ <input type="checkbox"/> UNKNOWN</b>		
<b>EMPLOYEE LEAVE OF ABSENCE FORM STATUS RECEIVED <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		
<b>Top Up <input type="checkbox"/> Yes <input type="checkbox"/> No FROM (MM/DD/YYYY) ___/___/___ TO (MM/DD/YYYY) ___/___/___</b>		

BENEFITS	DECISION (Opt to Continue or Cancel)	OPT OUT EFFECTIVE DATE (If Applicable) MM/DD/YYYY
Health / Travel	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Dental	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Long Term Disability	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Basic Life	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Optional Life - Employee	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Optional Life - Spouse	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Optional Life - Dependent	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Accidental Death & Dismemberment	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Critical Illness - Employee	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Critical Illness - Spouse	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___
Critical Illness - Dependent	Continue <input type="checkbox"/> Cancel <input type="checkbox"/> N/A <input type="checkbox"/>	___/___/___

<b>Today's Date (MM/DD/YYYY)</b> ___/___/___	<b>Benefit Administrator's Name:</b>
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**COMMENTS:**

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