



# PENNRIDGE SCHOOL DISTRICT

## DISTRICT ADMINISTRATION OFFICE

1200 North Fifth Street • Perkasi, Pennsylvania 18944

Human Resources

### HEALTH INSURANCE COVERAGE DURING LEAVE

Name: \_\_\_\_\_ EEID: \_\_\_\_\_ Job Class: \_\_\_\_\_

Building: \_\_\_\_\_ Coverage with IBX: \_\_\_\_\_

Start Date of Leave: \_\_\_\_\_ End Date of Leave: \_\_\_\_\_

I understand that as long as I am receiving a paycheck from the district my premium share will continue to be paid through payroll deduction.

I also understand that as soon as I stop receiving a paycheck I will be home billed for my insurance premiums according to my choice below.

**PLEASE CHECK ONE:**

I intend to maintain my insurance coverage through the end of my FMLA at the premium share outlined in your CBA (to be paid 3 months in advance); I intend to cancel my insurance coverage after FMLA runs out through the end of my leave.

**OR**

I intend to maintain my insurance coverage through the end of my FMLA at the premium share outlined in your CBA (to be paid 3 months in advance). I understand that should I not qualify under disability maintaining my insurance coverage after FMLA ends through the end of my leave will be at 100% of the premium cost (to be paid 3 months in advance).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** It is the employee's responsibility to notify Human Resources in writing of any change to the above information.