

Continuation of Benefits during Leave of Absence Notice Employee Response Form

This letter has been sent to you by your Agency.
Please contact your Health Benefits Representative (HBR) with any questions.

Name:	Personnel No:	Date:
Address:	Personnel Area:	
	Payroll Area:	

This letter is to notify you of your option to continue your benefit plans during your Leave of Absence (LOA).

If during your LOA, you are using approved leave and your pay continues in full, your benefits will continue without interruption and you do not need to do anything.

If during your LOA, you are not using approved leave and are without pay; this includes but not limited to LOAs for FMLA, Family Illness Leave, Extended Illness, Short Term Disability, Military, the following applies:

AGENCY AFTER-TAX SPECIFIC BENEFITS

You must contact your local agency benefits representative to receive information on maintaining these benefit plans while on LOA without Pay.

NC FLEX PLANS

While on LOA without Pay, your benefit plans will terminate. You may continue your plans by sending the premium payments directly to the vendor. NCFlex vendors must receive your payments no later than the 10th of each month or coverage will end.

NOTE: UPON RETURNING TO WORK, YOU MUST RE-ENROLL INTO YOUR NC FLEX PLANS EVEN IF YOU HAVE BEEN MAKING PREMIUM PAYMENTS DIRECTLY TO EACH VENDOR, IN ORDER FOR YOUR PAYROLL DEDUCTIONS TO RESTART.

STATE HEALTH PLAN

While on LOA without Pay, your benefit plan will terminate (See Exceptions listed below under the HEALTH PLANS ADDITIONAL INFORMATION heading). You may continue your plan, however, by sending any applicable premium payments no later than the 10th of each month to BEST Shared Services. To prevent termination, BEST Shared Services will need the first premium payment in the month you reach leave without pay (LWOP) status. Once a plan is terminated, you would need to contact your Agency HBR to request an exception for re-enrollment. Please be advised, that exception requests are submitted to the State Health Plan for final decision making authority and are not guaranteed for approval. Therefore, it is extremely important to submit timely payments to BEST the month you reach LWOP status to avoid plan termination.

Send Premiums to:

BEST Shared Services
1425 Mail Service Center
Raleigh, NC 27699-1425
Make check payable to: Office of the State Controller

No monthly reminders, invoices or payment coupons will be sent to you by BEST, the State Health Plan or the NC Flex vendors. It is your responsibility to make timely monthly payments. BEST Shared Services must receive your health insurance payments no later than the 10th of each month. If you fail to make the premium payments by the 10th of each month, your coverage will be terminated for non-payment.

If you are in receipt of Short Term Disability Benefits, your health insurance premiums will be deducted from this benefit payment as long as the plan was not previously termed for LWOP status. If a plan had been previously termed for non payment or prior to approval for Short Term benefits, you would need to contact your Agency HBR to request an exception for re-enrollment.

NOTE: EMPLOYEES ARE RESPONSIBLE FOR ANY STATE HEALTH PLAN PREMIUM PAYMENTS FOR THEIR DEPENDENTS AND FOR ANY EMPLOYEE ONLY COST NOT COVERED BY THE EMPLOYER WHILE ON LOA.

RETIREMENT PLANS

Your contributions to the supplemental retirement savings plans (401k and 457/Deferred Comp) and to the State Retirement System will cease during your unpaid leave. Contributions to your supplemental savings plans will resume upon your return, unless you contact the vendor to stop participation. If you contribute to the State Retirement System (TSERS), contributions will resume automatically upon your return to work.

REINSTATEMENT OF ACTIVE BENEFITS

Within 30 days of your return to work, it is your responsibility to re-enroll in any NCFlex Plans and/or the State Health Plan. You are not permitted to change your benefit and must enroll in the same plan(s) prior to your LOA. If you did not pay premiums during your unpaid LOA, you may have waiting periods or be required to meet evidence of insurability (EOI) upon re-enrollment. You will need to complete your re-enrollment through the eEnroll system.

If you have any questions about the information you see below, please contact the BEST Support Service Center at 1-866-622-3784 or your local agency benefits representative.

HEALTH PLANS ADDITIONAL INFORMATION

If you are on approved FMLA, the employer cost will continue to be paid by your agency until your FMLA ends. You may continue paying any additional employee or dependent cost by mailing a check to the address listed below. If any additional employee or dependent premium costs are not received, you will be removed from your current plan and your coverage will be reduced to a non-contributory plan. After FMLA ends, and if you continue to remain out on an approved leave of absence without pay by your agency, you can continue your health insurance by paying the full cost (both the employer and employee costs). Your next opportunity for any changes will be at the next Annual Enrollment.

Likewise, if you are on Workers Compensation Leave, Military Reserve Active Duty (RAD) – State Service, or Short Term Disability with more than 5 years of retirement contribution, your employer cost will continue to be paid by your agency. However, you are responsible for sending any dependent premium and/or any employee only costs to Best Shared Services. If premiums for employee only or dependent coverage are not received by the 10th of each month, your coverage will be reduced to a non-contributory plan. Your next opportunity for any changes will be at the next Annual Enrollment. (NOTE: If your health plan was termed prior to being approved for LOA Workers' Comp, Military RAD - State Service or Short Term Disability with more than 5 years, you would need to contact your Agency HBR to request an exception for re-enrollment for the state sponsored health insurance benefit.)

If you are on any other type of unpaid leave, you can continue your health insurance by paying the full cost (both the employer and employee costs). If you decide only to continue coverage for yourself, and not your dependents, you may do so by contacting the BEST Support Service Center at 1-866-622-3784 or your local agency benefits representative.

Premiums (or any portion thereof) for your health insurance should be mailed to the BEST Shared Service Center at **1425 Mail Service Center, Raleigh, NC 27699-1425** by the 10th of each month. If premiums are not received, your coverage will be terminated. No reminders will be mailed to you. If your coverage ends, you may re-enroll when you return to work in an eligible position.

NC Flex Dental Plan

Send premiums to:
 United Concordia, Direct Pay
 Attention: UCCI NC Flex
 PO Box 69423
 Harrisburg, PA 17106
 Make check payable to: UCCI

Participants can continue the plan for up to 24 months.

NC Flex Vision Plan

Send premiums to:
 Superior Vision
 Attention: NC Flex Enrollment

11101 White Rock Road
Suite 150
Rancho Cordova, CA 95670
(1-800-923-6766, ext 2204)
Make check payable to: NGLIC

Participants can continue the plan for up to 24 months.

NC Flex Cancer Plan

Send premiums to:
American Heritage Life Insurance Company
PO Box 4331
Carol Stream, IL 60197-4331
Make check payable to: Allstate Workplace Division. Please indicate certificate/policy number on the check.

Participants can continue the coverage for up to 60 days (12 weeks if FMLA) provided premiums are paid timely. If your leave is expected to last longer than 60 days, please apply for the **Cancer Disability Premium Waiver**. To apply for the disability premium waiver, complete the Cancer Claim form available on the NCFlex website at www.ncflex.org. If you are not eligible for the waiver, the coverage automatically terminates and you will need to satisfy evidence of insurability (EOI) to restart the coverage upon your return to employment. However, you will be eligible to continue the plan by applying for COBRA continuation coverage through the vendor directly.

If you decide not to continue premiums during your leave or fail to pay the premiums, claims incurred during this gap will not be covered. You may restart your coverage if you return to work within 60 days. After 60 days (12 weeks if FMLA), EOI is required.

NC Flex Critical Illness Plan

Send premiums to:
American Heritage Life Insurance Company
PO Box 4331
Carol Stream, IL 60197-4331
Make check payable to: Allstate Workplace Division. Please indicate certificate/policy number on the check.

Participants can continue the plan.

NC Flex TRICARE Supplemental Health Plan

Send premiums to:
Selman & Company
Attn: Billing Department
6110 Parkland Blvd.
Cleveland, OH 44124
Make check payable to: Selman & Company

Participants can continue the plan.

INSURANCE PLANS

NC Flex Life Insurance

Send premiums to:
LifeHelp
NCFlex Enrollment
PO Box 492517
Redding, CA 96049

Make checks payable to: NCFLEX Life-Voya

Employees who are going to be on an LOA longer than 3 months can continue their coverage by filling out the **Term Life Continuation Request** form. Otherwise payment should go to the PO Box listed above.

If you are under 70, and are on any other type of unpaid leave, you may continue your coverage by completing the Term Life Coverage Continuation Request form available on the NC Flex website at www.ncflex.org or by contacting the life insurance vendor at 1-877-464-5111.

NC Flex AD&D Insurance

Send premiums to:
LifeHelp
NCFlex Enrollment
PO Box 492517
Redding, CA 96049
Make checks payable to: A.C. Newman

NC Flex Core AD&D

Coverage Amount 10,000.00 USD

You are not covered by this plan while on an unpaid leave of Absence, unless it is approved Family Medical Leave (FML). You must re-enroll into this plan once you return from your Leave of Absence

FLEXIBLE SPENDING ACCOUNTS

NC Flex Health Care FSA

During your unpaid leave, if you are expecting to incur health claims and have a remaining account balance, you may want to continue making contributions. If you do not continue contributions while on unpaid leave, any claims incurred during the leave period cannot be reimbursed under this plan. To continue contributions, please send your contributions to:

NCFLEX FSA Account Administrator-OSC Central Compliance
Office of State Controller
1410 Mail Service Center
Raleigh, NC 27699-1410
Make check payable to: State of North Carolina

Checks are due by the 15th of each month. No reminders will be sent.

NOTE: Please be reminded that the convenience card will be deactivated during an unpaid leave. However, manual claims for reimbursement can still be submitted if you continue to submit contributions while out.

NC Flex Dependent Care FSA

This plan cannot be continued while on leave. You may re-enroll when you return to work on a full-time basis.

Thank you,
Best Shared Services