

# Returning to Work

## What You Should Know

Your physical return to work from a Leave of Absence is a qualifying change which allows you to make changes to your current coverage. **Requests must be made to your agency Group Insurance Representative (GIR) in writing within 60 days of your physical return to work.** All changes are effective the later of the effective date of your return to work or the date of your request.

### **You Are Required To:**

- Notify your GIR and Personnel Office when you have returned to work

### **You Have The Option To:**

- Opt back in to the Program (full-time employees)
- Re-enroll in the Program (part-time employees)
- Add dependent coverage
- Reinstate dependent coverage
- Add or increase member Optional Life or add Spouse Life and/or Child Life – A Statement of Health application is required and must be approved by the Life Plan Administrator
- Waive Health, Dental and Vision (part-time employees)
- Opt-Out of Health, Dental and Vision (full-time employees) upon providing proof of other comprehensive medical coverage

If you were a dependent under your State-Employed spouse, your coverage must be reinstated with the same Health and Dental as provided prior to your time away from work. Your member Optional Life coverage may be reinstated without Statement of Health approval if you were continuously covered under Spouse Life. All other dependent coverage will remain under your spouse unless requested otherwise within 60 days of your return to work.

### **Termination for Non-Payment of Premium:**

If you fail to make payment to the Premium Collection Unit while on a Leave of Absence or in a Non-Pay Status, your insurance may be terminated and/or an involuntary withholding order may be filed. Premium cannot be payroll deducted upon your return to work.

***NOTE: This document is provided as an OVERVIEW only. To obtain further information or to obtain required forms, contact your agency Group Insurance Representative (GIR).***