University Payroll & Benefits Services (UPB)

STATE OF ILLINOIS GROUP INSURANCE

Leave of Absence Worksheet

Today's Date:		University I.D. #:	
PLEASE PRINT OR TYPE INFORMATION			
Last Name:		First Name:	Middle:
Birth Date:	Home Phone #: ( )	Work Phone #: ( )	
Street Address:			Last 4 Digits of SSN: xxx-xx-
P.O. Box:	City:	State:	ZIP Code:

Leave Type:

☐ **Personal Leave**

☐ **Disability** ☐ **Family Medical Leave** ☐ **Dock Suspension**

☐ **Seasonal Layoff** ☐ **Educational/Sabbatical** ☐ **Military Leave**

☐ **Academic Summer Break** ☐ **Workers Compensation**

Date Leave Begins:	Date Leave Ends:
Last Day of Active Work:	First Day Back to Work:
Department HR Contact:	HR Contact Phone#: ( )

I will keep current insurance coverage.	☐**Yes** (CMS will bill monthly for duration of leave.) ☐ **No** (Please fill out below if selecting "No".)
OPTIONAL LIFE INSURANCE/ACCIDENTAL DEATH & DISMEMBERMENT:	**DROPPING HEALTH/DENTAL VISION COVERAGE:**
☐ Cancel Employee Optional Life	☐ Full-Time Opting Out
☐ Reduce Employee Optional Life (select amount below)	☐ Part-Time Waiving
☐ 1xBasic ☐ 2xBasic ☐ 3xBasic ☐ 4xBasic	☐ I elect to terminate all coverage. (Personal Leave Only) *Re-enrollment is required.
☐ 5xBasic ☐ 6xBasic ☐ 7xBasic ☐ Cancel All AD&D Coverage	☐ I will be a dependent on my spouse's State of Illinois Group Insurance Plan. (Personal Leave Only)
Qualifying Event: Address Change	Spouse's Name:
Employees can change health plan if leaving HMO/OAP Network area.	
New Health Plan: _____ HMO/PCP # _____	Spouse's UIN or Last 4 Digits of SSN: UIN: **or** SSN: xxx-xx-

ELECTION TO UPDATE DEPENDENT(S) PCP FOR NEW HEALTH PLAN:

Last Name:	**First Name:**	**Last 4 SSN#:**	**PCP**	**CHECK COVERAGE TO TERMINATE Health/ Dental:**	**Life:**
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Re-enrollment of dependent(s) is NOT automatic when you return to work. Please use NESSIE to enroll dependents in health, dental and life coverage prior to returning to work.

Please contact Urbana Campus UPB Benefits Services Office with questions or additional information.

If you are currently enrolled in either the U of I Accidental Death and Dismemberment or Long Term Disability plans, you will be billed monthly by the UPB Benefits Service Office.

I authorize premiums, as established annually, to be deducted from my pay for those plans I have selected. I understand that if my paycheck is insufficient or if I am not on payroll, I will be direct billed. The information contained in this form is complete and true. I agree to abide by all Group Insurance Program rules. I agree to furnish additional information requested for enrollment or administration of the plan I have elected. I understand it is my responsibility to review my paycheck and verify the amounts of the insurance deductions are accurate. I understand that if my deductions are not correct I must immediately contact my GIR. Falsification of the information contained on this form may result in discipline up to and including discharge. Additionally, the Department of Central Management Services (CMS) may impose a financial penalty, including, but not limited to, repayment of all premiums the Program made on behalf of the enrolled individual, as well as expenses incurred by the Program.

Employee's Signature *Date*

Please return forms to the UPB URBANA Benefits Services Office	
Room 177 HAB	Marion Feller (217) 244-1047
506 S. Wright Street	Margaret Caston (217) 265-6342
Urbana, IL 61801 (MC 318)	Fax (217) 244-0993

FY2013 Monthly Premiums for State-Paid Leaves

Health Plan	Employee Only	Employee +1 Dependent	Employee +2 or more Dependents
Quality Care	$84.50	$280.50	$310.50
Health Alliance HMO	$59.50	$153.50	$192.50
Coventry Health Care HMO	$59.50	$151.50	$189.50
HMO Illinois	$59.50	$142.50	$175.50
Blue Advantage	$59.50	$139.50	$169.50
HealthLink OAP	$59.50	$164.50	$208.50
Coventry Health Care OAP	$59.50	$151.50	$189.50
Dental	$11.00	$17.00	$19.50

FY2013 Monthly Premiums for Non-State Paid Leaves

Health Plan	Employee Only	Employee +1 Dependent	Employee +2 or more Dependents
Quality Care	$867.80	$1,801.24	$2,042.14
Health Alliance HMO	$634.50	$1,168.04	$1,564.04
Coventry Health Care HMO	$578.66	$1,065.28	$1,427.78
HMO Illinois	$593.86	$1,093.24	$1,464.86
Blue Advantage	$567.84	$1,045.38	$1,401.38
HealthLink OAP	$729.78	$1,341.40	$1,779.32
Coventry Health Care OAP	$582.48	$1,070.36	$1,418.98
Dental	$32.64	$60.14	$102.78