

Military Leave

Health Care Option Statement

Employee Name (printed)

PeopleSoft ID or SSN

The State of Indiana offers to employees called to active military duty the opportunity to continue health care coverage in which the employee is enrolled at the time s/he is called to active military duty. This continuation is at the employee's portion of the premium.

Please select one of the boxes below and identify your health care plan.

- I am not currently enrolled in a health care plan.

Office use only:

PS Action Code Options

PS Reason Code Options

Leave of Absence (LOA)

Ext Military – Term Benefits (MIL)

Paid Leave of Absence (PLA)

Paid Military Use Accrued Time (PML)

- I elect to continue my current coverage for health care (medical, dental, and vision) and agree to pay the employee's portion of the premium.

Office use only:

PS Action Code Options

PS Reason Code Options

Leave of Absence (LOA)

Ext Military – Bill Cvg Lvl (MLF)

Paid Leave of Absence (PLA)

Paid Military Use Accrued Time (PML)

- I elect NOT to continue my current coverage for health care.

Office use only:

PS Action Code

PS Reason Code

Leave of Absence (LOA)

Ext Military – Term Benefits (MIL)

Please select any appropriate boxes below concerning Flexible Spending Accounts.

- I elect to continue my Pre-tax Flexible Spending Account for Dependent Care
- I elect NOT to continue my Pre-tax Flexible Spending Account for Dependent Care
- I elect to continue my Pre-tax Flexible Spending Account for Medical Care
- I elect NOT to continue my Pre-tax Flexible Spending Account for Medical Care
- I am not currently enrolled in any Pre-tax Flexible Spending Account

Employee Signature

Date