

# Procedure: 4.5.2p5. [III.U.6.e.] Authorized and Contingent Leaves of Absence Without Pay

*[Previously Titled: Leave of Absence without Pay]*

**Revised:** April 16, 2019; January 12, 2016  
**Last Reviewed:** April 16, 2019  
**Adopted:** *(Removed from Misc. Leave Procedure)*



## I. PURPOSE:

The Commissioner (or his/her designee) or a technical college president (or his/her designee) may grant an eligible employee an authorized (regular) or contingent leave of absence without pay pursuant to the provisions of this procedure and corresponding State Personnel Board Rules.

In all such instances, the TCSG work unit is responsible for paying the employer's portion of associated health insurance costs, whether or not the employee is a current member of the State Health Benefit Plan or whether he/she currently carries health insurance and elects to continue his/her coverage while on a leave of absence without pay.

## II. RELATED AUTHORITY:

Employee Benefit Council Rules – Flexible Benefits Program  
State Health Benefit Plan Rules and Regulations  
State Personnel Board Rule 16  
TCSG Procedure 4.1.4p. – Categories of Employment

## III. APPLICABILITY:

All work units and technical colleges associated with the Technical College System of Georgia.

## IV. DEFINITIONS:

- A. **Break-in-Service:** a voluntary or involuntary separation from employment for at least one full business day. For purposes of this procedure, an authorized (regular) or contingent leave of absence without pay is not considered a formal break-in-service.
- B. **Eligible Employee:** an individual appointed to a full- or part-time salaried position in a TCSG work unit and who is eligible for State of Georgia-sponsored benefits as provided in the TCSG procedure governing Categories of Employment.
- C. **Immediate Supervisor:** a supervisor charged with the responsibility for developing performance plans/expectations and who coaches, develops, and assesses the performance of subordinate employee(s).

D. **TCSG Work Unit:** the TCSG System Office, Quick Start Headquarters, Quick Start Regional Office or training center, or an associated technical college.

## **V. ATTACHMENTS:**

Attachment 4.5.1p.a3. – FMLA Certification of Health Care Provider Form for Family Member's Serious Health Condition Form

Attachment 4.5.1p.a4. FMLA Certification of Health Care Provider Form for Employee's Serious Health Condition Form

Attachment 4.5.2p5.a1. – GTLI Continuation While on Leave of Absence without Pay Form

Attachment 4.5.2p5.a2. – Request to Continue Health Benefits During Leave of Absence Without Pay

## **VI. PROCEDURE:**

### **A. General Provisions**

1. An eligible System Office or technical college employee who has exhausted all available paid leave or elects not to use available paid leave to cover a long term absence of more than ten (10) consecutive calendar days must submit a written request for a leave of absence without pay to the Commissioner or technical college president, or his/her designee, for a specified, continuous period of time not to exceed twelve (12) calendar months.
2. An employee may request either an authorized (regular) leave of absence without pay or a contingent leave of absence without pay.
3. An eligible employee may not be placed on an authorized or contingent leave of absence without pay absent a written request from the employee and approval from a designated System Office or technical college official.
4. In accordance with the State Personnel Board rules, an absence of less than ten (10) consecutive calendar days is considered a short-term leave of absence without pay. The request and approval process for these absences will be carried out in accordance with the guidelines established by the Commissioner (for System Office) or the associated technical college president.
5. When an employee is eligible for family leave and is absent from work is due to a qualifying reason, he/she should be placed on family leave (with or without pay) prior to placement on a leave of absence without pay.
6. If an employee's family leave entitlement has been exhausted and he/she remains unable to return to work, he/she may then request a leave of absence without pay consistent with the provisions of this procedure.
7. A leave of absence without pay does not result in a break-in-service for employment-related purposes.

### **B. Authorized (Regular) Leave of Absence Without Pay**

1. An authorized leave of absence without pay may not exceed twelve (12) calendar months.
2. If an employee's request for an authorized leave of absence without pay is approved, the position which the employee occupies or a comparable position in terms of title, duties and responsibilities and pay shall be held for the employee's return.
3. At the expiration of an authorized leave of absence without pay, an employee shall be returned to work without loss of any rights provided he/she has complied with all terms and conditions outlined in the notice of approval.

#### **C. Contingent Leave of Absence Without Pay**

1. A contingent leave of absence without pay may not initially exceed twelve (12) calendar months.
2. If an employee's request for a contingent leave of absence without pay is approved, the position which the employee occupies is not held.
3. The TCSG work unit may elect to fill the employee's position at any time during his/her contingent leave of absence. Once the employee has indicated an immediate return to work date, efforts to fill the position must be suspended.
4. An employee placed on a contingent leave of absence without pay may return to work only if a suitable vacancy is available at the expiration of the leave and/or when written notice of his/her intent to return to work is initiated before the period of approved leave has concluded.
5. A suitable vacancy may be an equivalent position with equivalent pay, or a lower-level position with lower pay, if the employee is qualified for the position. Efforts should be made to return the employee to an equivalent position, when possible.

#### **D. Request for a Leave of Absence Without Pay**

1. Employees must submit a written request for a leave of absence without pay to the Commissioner or technical college president, or his/her designee.
2. A copy of the written request must be provided to the System Office or technical college Director of Human Resources.
3. A written request must include the following information:
  - a. the type of leave of absence without pay requested, i.e., authorized (regular) or contingent.
  - b. the reason for the leave of absence without pay;
  - c. the length of the leave of absence;
  - d. the start date and the projected date of return; and,
  - e. any other information relevant to the request.
4. A request based on an employee illness or disability or the health condition of a family member should be accompanied by a completed Certification of Health Care Provider Form for Serious Health Condition (Attachment 4.5.1p.a3 or Attachment

4.5.1p.a4.) or other documentation from a health care provider/professional supporting the need for a leave of absence.

5. If an employee does not specify in his/her request the type of leave of absence he/she desires, the designated reviewing official should attempt to discuss the request with the employee before he/she determines the type of leave of absence without pay that will be approved and the accompanying terms and conditions.

#### **E. Review Process:**

1. When reviewing an employee's request for a leave of absence, the following should be considered:
  - a. the reason(s) for the proposed leave of absence;
  - b. the amount of time requested;
  - c. the operational needs of the TCSG work unit;
2. The designated official's review should be completed in a timely manner and the approval or denial must be communicated to the employee in writing.
3. The written notification for an approved authorized or contingent leave of absence without pay shall specify the following terms and conditions:
  - a. whether the leave of absence is designated as authorized (regular) or contingent;
  - b. the beginning date and end date of the leave of absence;
  - c. The date the employee is expected to return to work;
  - d. a deadline for the for the employee to either confirm his/her return to work at the expiration of the leave or request an extension of the absence. This is generally not more than 10 days prior to the end of the approved absence;
  - e. a statement indicating that a release to work (with or without restrictions) will be required, if applicable.
4. If an authorized (regular) leave of absence without pay is approved, the written notification must also include a statement indicating that the employee will be reinstated to the former position or to a position of equal grade and pay without loss of any rights provided the employee returns within the terms of the leave granted
5. If a contingent leave of absence without pay is approved, the written notification must include the terms and conditions of the approval including a statement that the employee's right to return at the expiration of leave is not guaranteed and will be contingent upon a suitable vacancy being available.
6. If an employee's request for a leave of absence without pay will not be approved, the designated official must notify the employee, in writing of his/her decision. When circumstances dictate, the employee should be offered an opportunity to request a contingent leave without pay.

#### **F. Extension of an Authorized or Contingent Leave of Absence Without Pay**

1. An employee may submit a written request for an extension of his/her approved leave of absence without pay beyond the initial approval period.

2. An extension will be considered only in response to an employee's or his/her family member's serious health condition provided there is a reasonable expectation that he/she will be able to return to work at the conclusion of the continued leave of absence.
3. The written request must be for a contingent leave of absence without pay and must include the following:
  - a. the number of calendar months requested;
  - b. documentation from the treating health care provider/professional supporting the need for a continued leave of absence;
4. The designated System Office or technical college official should, after his/her review, approve or deny the request in writing and, if approved, specify the accompanying terms and conditions consistent with the provisions outlined above.
5. As stated above, an employee may request an extension of an approved leave of absence without pay for an additional period of time, the total of which may not exceed twenty-four (24) calendar months unless otherwise required by state or federal law. Any proposed extension beyond the initial twelve (12) months may only be requested as a contingent leave of absence without pay
6. An approval notice should also include a statement that this action does not extend the time period an employee is eligible to continue his/her health insurance coverage under State Health Benefit Plan (SHBP) or flexible benefits insurance options as administered under the Flexible Benefits Program (i.e., twelve (12) calendar months). NOTE: the SHBP will provide the employee with information regarding his/her ability to continue health insurance coverage beyond this period through COBRA.

**G. Continuation of Benefits:**

1. An eligible employee on an authorized or contingent leave of absence without pay may maintain his/her health insurance (through the State Health Benefit Plan) and continue his/her flexible benefits insurance benefit options (through the Flexible Benefits Program) as well as his/her health care spending account contributions, in accordance with policies and procedures of the Department of Community Health and the Department of Administrative Services, respectively.
2. An employee shall be advised of the following:
  - a. the cost of maintaining health insurance and flexible benefits insurance options;
  - b. the process for making premium payments;
  - c. the consequences for not making required payments in a timely manner;
  - d. the impact of Open Enrollment on benefit elections during an unpaid leave of absence without pay;
  - e. as applicable, the actions that will be taken when an employee returns to work from an unpaid leave of absence without pay during the current SHBP or Flexible Benefits Plan Year or when a return crosses Plan Years if premium payments have not been continued.
3. Employees who are members of the Employees Retirement System and are eligible for Group Term Life Insurance (GTLI) may request to continue coverage prior to beginning the leave of absence by completing Attachment 4.5.2p5.a1. (Group Term

Life Insurance Continuation While on Leave Without Pay Form). GTLI coverage will terminate if a written request is not filed with ERS in a timely manner.

#### 4. State Health Benefit Plan Coverage

- a. An employee desiring to continue his/her SHBP coverage should complete Attachment 4.5.2p5.a2. (Request to Continue Health Insurance During Leave of Absence Without Pay Form). The form will be retained in his/her medical file. Pursuant to the Rules of the SHPB, an active employee can elect to continue SHBP coverage within thirty-one (31) calendar days after beginning an unpaid leave of absence.
- b. An employee on an unpaid leave of absence without pay for reasons of disability/illness (as well as family leave and military leave) will pay the same premium amount as when actively working in addition to any processing fee established by the State Board of the Department of Community Health. Employees taking a leave of absence for other reasons will be required to pay the higher premium amounts established by DCH, as well as any applicable processing fees.
- c. Employees should submit premium payments for health insurance directly to the System Office or technical college each month. An employee who fails to submit a premium payment in a timely manner will lose coverage. The System Office or technical college must notify SHBP/ADP an employee's loss of eligibility.
- d. Unless otherwise provided by state or federal law (e.g., military leave), the total period of SHBP coverage on an approved leave of absence without pay shall not exceed twelve (12) calendar months.
- e. An eligible employee who did not continue SHBP coverage while on an approved leave of absence without pay which included the annual Open Enrollment period shall be offered the opportunity to enroll, discontinue, or change coverage within fifteen (15) calendar days after returning to work.

#### 5. Flexible Benefits Program

- a. An active employee who is eligible to participate in the Flexible Benefits Program may continue all insurance options in which he/she is enrolled by paying the required after-tax premium(s) during his/her approved leave of absence without pay for a period not to exceed twelve (12) calendar months. The employee will be directly billed by Georgia Breeze/ADP for all insurance option premiums. If an employee does not receive information from Georgia Breeze/ADP he/she should contact Georgia Breeze directly to make these arrangements.
- b. If an employee is returning from an approved leave of absence without pay during the same Plan year in which she/she previously participated, the benefit options and coverages previously selected by the employee will be reinstated. If the employee failed to pay premiums for these insurance options and, if applicable, health care spending account contributions during the leave of absence, the System Office or technical college shall reduce the employee's salary to collect these premiums/contributions unless a contractual limitation on coverage exists.

- c. An employee returning to work from an approved leave of absence without pay in a different plan year will have Flexible Benefit coverage offered in accordance with the Rules of the Employee Benefits Council.
  - d. An employee's failure to pay applicable insurance option premiums while on a leave of absence without pay may result in the termination of coverage at the end of the month for which the premiums have been paid. When premiums have not been paid, benefits will not be allowed during the period unless benefits are deliverable as a contractual provision for a total disability.
6. Employees that are members of the Teachers Retirement System or the Employees' Retirement System should contact their respective system to determine eligibility for establishing creditable service for absences resulting from on-the-job injuries.

#### **H. Return to Work**

1. An employee must provide written notice of his/her intent to return to work from an authorized (regular) or contingent leave of absence without pay to the named official(s) and within the time period addressed in his/her approval notification.
2. Prior to an employee returning to duty following his/her illness, period of disability, or medical condition, he/she may be required to provide a written release statement from his/her attending health care provider/professional indicating that he/she can return to work and perform the essential functions of his/her position/job with or without reasonable accommodation(s). If reasonable accommodation(s) are recommended, the written statement must outline the specific accommodation(s) needed.
3. An employee may request to return to work prior to the expiration of the approved leave of absence without pay. The designated official(s) may approve the request provided all terms and conditions outlined in the approval notification are met and no other factors are present that would preclude approval.

#### **VII. RECORD RETENTION:**

All employment related documents collected pursuant to this procedure shall be maintained in a manner consistent with the Georgia Archives Retention Schedule for State Government Paper and Electronic Records and state and federal law.

## Group Term Life Insurance Continuation While on Leave Without Pay Form

Information for this form may be typed directly onscreen before printing.

This form is not valid until received by ERSGA.

### SECTION 1 - MEMBER INFORMATION

Retirement Plan Type \_\_\_\_\_ SSN \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECTION 2 - TERMS FOR CONTINUATION OF GTLI

I choose to continue Group Term Life Insurance (GTLI) coverage for any period during which I am on Leave Without Pay (LWOP). I understand that the following conditions apply:

- **I must have one (1) year of continuous service before I can continue my GTLI coverage while on LWOP.**
- **Premiums of one percent (1%) of the monthly salary immediately prior to my period of LWOP will accrue for each month I am on LWOP.**
- **The accrued premiums will be paid to the Employees' Retirement System as follows:**
- **At termination of state employment and on application for a refund of my contributions and interest, the premiums will be deducted from my refund;**
- **Or, at my retirement, the premiums will be deducted from my monthly benefit;**
- **Or, at my death, the premiums will be deducted from the GTLI payment to my beneficiaries.**

**NOTE:** If I have eighteen years of creditable service and terminate state employment and do not get a refund of my contributions and interest, GTLI coverage will continue until the ERS receives my written notification declining coverage. Any premiums accrued up until that time will be payable to the ERS by the applicable method described above.

\_\_\_\_\_



**SECTION 3 -SIGNATURE & ACKNOWLEDGMENT**

*I have read and I understand the instructions and provisions listed above.*

**Signature**

**Date**

Two Northside 75 Suite 300 • Atlanta, GA 30318-7701 • PHONE (404) 350-6300 (800) 805-4609 • FAX (404) 350-6308 • [www.ersga.org](http://www.ersga.org)

Please type or print clearly in ink

# Georgia Department Of Community Health State Health Benefit Plan

P.O. Box 1990  
Atlanta, Georgia 30301

Attachment: 4.5.2p5.a2.

## Request to Continue Health Benefits During Leave of Absence Without Pay

<b>I. Member and Payroll Identification.</b>		Provide all requested information.
Social Security Number	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	Is this form a new application or a change to a previously approved application? (Check One) <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Extension
Last Name	First	Initial
Apartment/Box/Route		Department or School System
Street Address		Work Unit or School
City, State	Zip Code (5-digit + 4-digit)	Payroll Unit Person to Contact for Information
County of Residence	Daytime Telephone Number ( ) Area Code	Payroll Unit Telephone Number
		State Health Benefit Plan Payroll Location Number

<b>II. Leave Type and Payment Information.</b>		Check leave type. Provide information requested for the leave type and payment amount.
<input type="checkbox"/> <b>(01) Disability/Illness</b> - Attach Form SHBP 66-005 from physician describing disability/illness and periods of disability from normal job duties <b>IS CONDITION RELATED TO PATIENT'S EMPLOYMENT?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>PAYMENT INFORMATION</b>	
<input type="checkbox"/> <b>(02) Educational</b> - Actual period of instructions: <b>FROM:</b> _____ <b>TO:</b> _____	\$ _____	
<input type="checkbox"/> <b>(03) Emergency Military</b> - Attach copy of orders.	You will be billed monthly - all premium payments are due by the 26th of the month prior to coverage.	
<input type="checkbox"/> <b>(04) Suspension</b> - Attach letter from employer stating period of suspension.		
<input type="checkbox"/> <b>(05) Family Leave</b> - <input type="checkbox"/> <b>Birth/Adoption</b> (Attach copy of letter or form approving family leave.) (Check One) <input type="checkbox"/> <b>Illness</b> (Attach copy of letter or form approving family leave and Form SHBP 66-005 or equivalent.) <input type="checkbox"/> <b>Military - Care Giver</b> <input type="checkbox"/> <b>Military - Called to Duty</b> Period of approved family leave is: <b>FROM:</b> _____ <b>TO:</b> _____		
<input type="checkbox"/> <b>(06) Employee's Convenience</b> - Will you be employed by another part or self-employed during leave? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> <b>(08) Employer's Convenience</b> - Attach letter from Employer From: _____ To: _____		

<b>III. Member Certification.</b>		Read this section carefully. Sign and date where requested.
<ul style="list-style-type: none"> <li>- I understand that health benefits may be terminated if payment is not received by the 26th of the month. I also understand that health benefits will terminate at the end of the approved leave of absence without pay or at the expiration of the time allowed by the State Health Benefit Plan unless payroll deductions are resumed.</li> <li>- <b>I understand that application for coverage while on leave without pay must be signed within thirty-one (31) days and filed with the State Health Benefit Plan within sixty (60) days after termination of paid coverage through payroll deductions.</b></li> <li>- I request to continue coverage of health benefits during the period of leave of absence without pay, and I certify that all statements on this application and any attachments are correct to the best of my knowledge and belief. I further certify that I have read and agree to adhere to the conditions on the reverse side of this application. I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one and no more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.</li> </ul>		
<b>X</b> _____ <div style="text-align: center;">Member Signature</div>	_____ <div style="text-align: center;">Date</div>	

<b>IV. Agency Certification.</b>		Provide current coverage and leave without pay information. Sign and date where requested.																		
Option	Coverage	The above named employee will be granted a leave of absence of the type indicated for the period shown at left.																		
Leave Without Pay is Authorized Beginning On	Authorized Leave Ends On	Anticipated Last Payroll Deduction																		
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		_____ <div style="text-align: center;">Date</div>																		

# TERMS, CONDITIONS, AND INSTRUCTIONS

## General Information

This form should be used to apply for continued health benefit coverage under the State Health Benefit Plan (SHBP) during a period of leave of absence without pay. The continued coverage will be governed by the **Leave Types and Time Limits** listed below, and shall be for the same coverage option and coverage type for which the employee is enrolled at the time the leave without pay commences (unless the employee qualifies for an option or coverage change under SHBP provisions). Health benefits may be continued for the period of leave, as approved by the SHBP, subject to the **Conditions and Documentation** requirements listed below. Premium payments for this continuation of coverage will be made directly to the SHBP.

## Leave Types and Time Limits

Time limits for continued health benefit coverage during a period of leave of absence are considered to run concurrently. When an employee qualifies for continued coverage under multiple leave types, the total period of continuation may not exceed twelve (12) calendar months. See Family Leave for an exception

**Disability leave** of absence shall be for the period of the employee's disability due to illness, accident or disability, as certified by a licensed physician, not to exceed twelve (12) consecutive calendar months.

**Educational leave** of absence shall be for the period of educational leave not to exceed twelve (12) consecutive calendar months.

**Emergency Military leave** of absence shall be for the period during which an employee is ordered to military duty (not to exceed twelve (12) consecutive calendar months.)

**Suspension leave** of absence shall be for the period of the suspension, not to exceed twelve (12) consecutive calendar months.

**Family leave** of absence shall be for the period during which the employee is absent from work to care for the employee's child after birth or placement for adoption; the employee's seriously ill spouse, child, or parent; or when the employee is absent from work due to the employee's serious health condition or when an employee's spouse, son, daughter, or parent is called to active duty. The period during which coverage may be continued shall not exceed twelve (12) weeks in any (12) month period. Exception: An eligible employee who is the spouse, son, daughter, parent or next of kin of a covered servicemember who is being a Care Giver to a recuperating servicemember due to an injury is entitled to (26) weeks in any (12) month period.

**Employee's Convenience leave** of absence shall be for the period of approved leave for the employee's convenience, not to exceed twelve (12) consecutive calendar months.

## Conditions and Documentation

Withdrawal of employee contributions from a retirement system shall constitute resignation and approval of continued coverage during a period of leave without pay shall be terminated. The employee's eligibility for further coverage will then be governed by the extended beneficiary provisions of the plan. Documentation must be given to employer.

**Disability leave:** The period of disability must be certified by a licensed physician using Form SHBP 66-005. The SHBP may require additional information from the certifying physician, or may require review by another licensed physician, if the disability period is longer than the norm for the diagnosis.

**Educational leave:** The employee must certify the period of absence on Form SHBP 66-003. The absence may be only for the period of instruction.

**Military leave:** A copy of the appropriate orders must be provided.

**Suspension leave:** A letter stating the period of suspension, signed by the appropriate organizational official, must be provided.

**Family leave:** For family leave due to birth or adoption: A copy of the employer's letter or form approving the period of leave must be provided. At minimum, the form or letter must show the period of approved leave, the reason for the leave, and the date of birth or placement for adoption. For family leave due to illness of the employee or an eligible family member: A copy of the employer's letter or form approving the period of leave must be provided. Form SHBP 66-005 or a copy of the employer's physician certification form providing information equivalent to Form SHBP 66-005 must also be provided. Military: Copy of orders and disability letter from physician.

**Employee's Convenience leave:** The employee may not continue health benefits under the SHBP if self-employed or employed by another party during the period of leave.

**Employer's Convenience leave** a letter from employer stating the period of leave.

## Premium Information

Premiums shall be payable monthly during the period of approved leave of absence without pay. Rates shall be subject to change upon notice at the beginning of any month during the leave period. Checks for premium payment should be made payable to "State Health Benefit Plan." Contact your personnel/payroll office or the State Health Plan Benefit for rates (which may include a processing fee).

## Extensions and Continuations

An extension of leave may be requested if the employee is unable to return to work at the expiration of the approved leave and the maximum period has not been exhausted. The extension request must be signed by the employee and certified by the employing entity no later than thirty one (31) days following expiration of coverage under the approved leave of absence. The attending physician must complete the disability certification if the leave is due to disability, and the extension request must be filed with the SHBP within sixty (60) days following the expiration of coverage under the approved leave of absence.

Recurrent period of leave of absence without pay for the same or related illness shall be considered one approved leave period unless the employee returns to work and has coverage through payroll deductions for a period of three (3) consecutive calendar months.

## Penalties

Failure to provide accurate information or failure to submit the appropriate premium payment(s) in a timely manner shall be cause for termination of coverage until such time as the member returns to active pay status. Failure to submit the premium payment(s) by the first of the month in which coverage is effective shall be cause for the SHBP to charge a late fee. Submission of a check that is not honored by the institution on which drawn shall be cause for SHBP to charge a processing fee or terminate coverage until the employee returns to active pay status.