

## **Risk Management FAQ's about LOA and FMLA**

### ***What is the difference between Leave of Absence (LOA) and Family Medical Leave Act (FMLA)?***

LOA is board-approved time off of work without pay and without benefits. FMLA is a federal law that provides up to 12 weeks of job-protected, unpaid leave and requires the employee's group health benefits be maintained during that time. FMLA is typically used in conjunction with LOA

### ***How do I know if I qualify for FMLA?***

Contact Human Resources to determine if you meet the qualifications for FMLA. Gerry Gobourne (ext. 31210) processes Classified staff applications and Mary McCurry (ext. 31208) processes Instructional and Administrative staff applications.

### ***I have dependents covered with my group health benefit – does FMLA cover them too?***

No, you must continue to pay the premiums for their coverage. FMLA covers those group health benefits that pertain to the employee only.

### ***I don't qualify for FMLA, can I still take a LOA?***

Yes, you can still take an unpaid LOA even if you do not qualify for FMLA. Human Resources can help you process your LOA request.

### ***What happens to my benefits when I take LOA?***

You are entitled to one additional month of benefits. Benefits will end at the end of the following month after your last day worked. For example, if you take LOA starting March 16<sup>th</sup> all benefits will end on April 30<sup>th</sup>. This 30 day rule only applies to non-FMLA LOA's. If you return to work the first work day after your benefits are scheduled to terminate they will continue uninterrupted. In the example above, if you returned to work on May 1<sup>st</sup> your benefits would not terminate but if you returned to work on May 2<sup>nd</sup> they would terminate as of April 30<sup>th</sup>.

### ***I have been approved for FMLA but my doctor says I will be out longer than the time allowed under FMLA. What happens to my benefits?***

All benefits end at the end of the month in which FMLA ends. For example, if FMLA ends on September 3<sup>rd</sup> benefit coverage would end September 30<sup>th</sup>. You would then be considered to be on a traditional unpaid LOA and eligible to purchase COBRA coverages. The same return to work rule from above applies to continue benefits if you return to work the first day of the month after your benefits are scheduled to terminate.

***Can I continue my benefits while I am out on LOA?***

Yes, you may continue your benefits under the Consolidated Omnibus Budget Reconciliation Act (COBRA). You will be fully responsible for the premiums. You will receive COBRA paperwork allowing you to elect your benefit continuation automatically; you do not need to request it. Medical paperwork will come separate from dental and vision paperwork.

***What happens to my benefits when I return to work after LOA?***

If you have had a break in benefits you will be required to re-enroll in all of your benefits in order to restart the coverage. The benefits will be effective the first of the month after you return to work *and* re-enroll in your benefits. For example, if you return to work on October 3<sup>rd</sup> and re-enroll in your benefits on October 31<sup>st</sup> your coverages will be effective November 1<sup>st</sup>. If you have not had a break in coverage you are not required to do anything, your coverage will continue uninterrupted.

***Do I need to notify Risk Management of my LOA or my return to work?***

No, you do not have to notify Risk Management of either LOA or return to work. However, it might be beneficial for you to do so in order to facilitate your benefits continuation.

***Do I need to notify Risk Management on the birth of a newborn?***

Yes, if you want the newborn insured under your District Plan you must notify Risk Management within 60 days of the qualifying event (birth). The newborn will be enrolled in the same plan the employee participates in. This qualifying event does not allow for a plan change. If the baby is added within the first 30 days and this changes the plan level, the first 30 days premium will not be charged. Upon adding the newborn to the Plan, a premium will not be charged for 30 days following the qualifying event (birth).

***Do I have to continue the newborn coverage past 30 days?***

Yes, you may only drop a dependent from coverage if you have a documented Qualifying Event that meets the IRS requirements.