Idaho AGC HEALTH PLAN

LEAVE OF ABSENCE REQUEST

(To be completed by the employer granting a leave of absence)

EMPLOYER: _____ GROUP Number: _____

NAME OF EMPLOYEE: _____ SSN: XXX - XXX - _____

DURATION OF LEAVE: 30 DAYS_____ 60 DAYS _____ 90 DAYS_____

DATE THAT LEAVE WAS GRANTED _____/_____/_____
MM DD YYYY

Employers can grant up to 90-day Leave of Absence for an employee and their dependents to stay on the employer sponsored group medical, dental and vision plan through the Idaho AGC Health Plan. After the 90 days is up, if the employee has not returned to fulltime employment (30 hours or more per week), the employee must be removed from the health plan the last day of the month that the leave has expired. Example: A 30 day leave of absence is granted on May 15 and the employee reaches 30 days on June 15 coverages will end June 30. If the employee has returned to work, it is the responsibility of the employer to notify the Idaho AGC Health Plan of the date the employee has returned to full time employment.
Life insurance remains active during a leave of absence. The Short Term disability coverage's are "at work provisions" and unavailable when an employee is on a leave of absence. Our office must be notified directly by the employer when an employee has been granted a leave of absence if they have purchased additional Short Term Disability.

Premium Payment – Employer is responsible for premium payments while employee is on a leave of absence. Employees will not be retroactively terminated once a leave is granted.

Group Administrator Signature: _____ Date: _____