

LEAVE WITHOUT PAY (LWOP) NOTICE

FOR USE WITH STATE EMPLOYEES
NOTICE TO EMPLOYEE

INITIAL NOTICE

(Date)

(Name/Address)

Regarding: BENEFIT COVERAGE DURING LEAVE WITHOUT PAY (LWOP)

Date Leave Without Pay began _____

Benefits Plan coverage(s) _____

Dear (Employee Name):

SoNM employees on Leave Without Pay status are required to pay benefit premiums **by the end of the pay period in which they are due**, in order to keep benefit coverage in effect. If you are on LWOP, you are required to pay **both** the employee's, as well as the employer's premium amounts. These payments must be submitted to your HR Representative before the pay period end date, and the HR Rep must submit payment to the Health Care Authority within 5 days from pay period end date.

It is extremely important to adhere to the payment requirements outlined below in order to prevent loss of benefit coverage.

CARRIER PAY PERIOD AMOUNT DUE PREMIUMS DUE DATE(S)

Premiums are due on the dates shown above. These payments may be paid by cashier's check or money order and must be made payable to the Health Care Authority. Please note, Medical, Dental, Vision, Life, Disability, Flex NM (FSA), and Administrative Fees may all be paid with one Money Order or Cashier's Check.

Failure to pay premium amount(s) by the above specified due date(s) will result in cancellation of coverage, which may not be reinstated when you return to work. To get coverage again, you may have to wait for the next open enrollment, or a valid Qualifying Event.

Thank you for giving this matter your immediate attention. If you have any questions, please contact me at (phone#).

Sincerely,

(HR REP)

