



BAINBRIDGE ISLAND

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY

Self Payment of Benefit Contribution

It has been established that during your approved intermittent leave, you will be eligible to remain on benefits. However, you will still be responsible for payment of your monthly benefit premium in order for your benefits to remain active. Below you will find the amount you will be responsible for on a monthly basis and in total for the duration of your leave. Please fill out the appropriate fields below and indicate how you would like to pay your contributions by checking the appropriate selection box associated with your choice.

Name: Monthly Employee Benefit Contribution:

Tentative LOA Start Date: Tentative LOA End Date:

Total Anticipated Duration of LOA:

Total Estimated Employee Benefit Contribution Cost for Duration of Leave:

Please select from the following options of payment towards your benefit contribution:

Pay employee premium in full via check upon the first day of your expected leave.

Pay employee premium monthly via check to the Payroll Office while on leave of absence.

Pay employee premiums in full via payroll deduction upon return from your leave of absence.

Upon my return, prorate the total amount of employee premiums over the remaining months in the school year and pay via payroll deduction.

Notes on payment selection:

REMINDER: If you select an option that would require payment upon return from your leave of absence, you will still be responsible for that payment regardless of whether you return to your position or decide to end your employment with Bainbridge Island School District. If you are to resign, you will be expected to pay the total amount in full by the effective date of your resignation. If you selected an option that would require you to pay your expected employee premiums in full at the beginning of your leave and you extend the duration of your leave, then you will be responsible for any additional premiums amounts that you incur during that time.

Please sign below to attest that you will abide by the payment option you selected, and understand that if you were to end your employment with Bainbridge Island School District, you will be responsible for the total cost of your benefit contribution in full due by the effective date of your resignation.

Employee Signature:

Date:

Payroll Officer Signature:

Date: