

Unpaid Leave of Absence (LOA) Form

Completion Guide

There are two forms to complete when an employee goes on unpaid leave of absence. The first is submitted when your employee begins the leave. The second when they return. Any item with a red asterisk (*) next to it on a form indicates required field.

Start of Unpaid Leave of Absence (LOA) Form

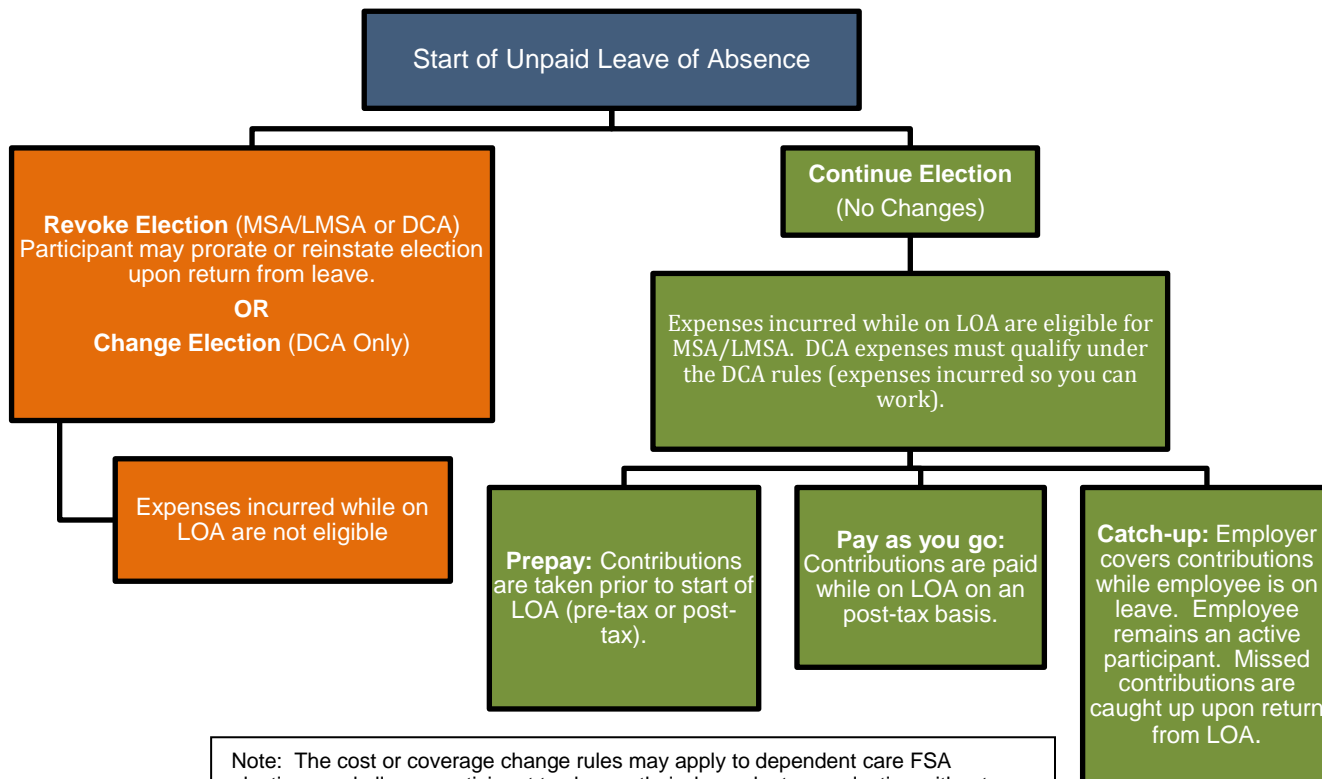
1. Decide whether the participant will be revoking or continuing the election(s) based on the flow chart provided below. A participant enrolled in both the Dependent Care FSA (DCA) and Medical FSA (MSA)/Limited FSA (LMSA) may continue one election even though the other may be revoked.
2. If revoking only: complete step 2 and skip step 3.
If continuing only: skip step 2 and complete step 3.
If both situations apply: complete both steps 2 and 3.
3. Submit a copy of the completed LOA form to Discovery Benefits by faxing to 866-451-3245.

Return from Unpaid Leave of Absence (LOA) Form

1. If revoking only: complete step 2 and skip step 3.
If continuing only: skip step 2 and complete step 3.
If both options are selected: complete both steps 2 and 3.
2. Submit a copy of the completed form to Discovery Benefits by faxing to 866-451-3245.

Should the participant experience a qualifying event while on unpaid leave, a Status Change Form needs to be completed in order to change their election.

Note: Employer should review its Leave of Absence policies to determine the options available for its participants. This is a summary only and is not intended to represent a comprehensive overview.



Note: The cost or coverage change rules may apply to dependent care FSA elections and allow a participant to change their dependent care election without a status change event. Cost or coverage change rules do not apply to health FSAs (general purpose or limited).

Start Unpaid Leave of Absence (LOA) Form

Step 1: Participant Information

*Employer Name (Do not abbreviate)

*Participant Name (First, MI, Last)

*Employee ID

 - -

*Social Security Number

Step 2: Revoke Election

*Please indicate the appropriate benefit(s) to which this applies.

Medical/Limited FSA: Please revoke this participant's election. I understand upon the participant's return from Leave, he/she may either prorate or reinstate the election. I understand a revocation of election will not allow the participant to be reimbursed for expenses incurred while on Leave even if the election is reinstated and catch-up contributions are made.

Dependent Care FSA: Please revoke this participant's election. I understand upon the participant's return from Leave, he/she may either prorate or reinstate the election. I understand a revocation of election will not allow the participant to be reimbursed for expenses incurred while on Leave even if the election is reinstated and catch-up contributions are made.

*Date of Revocation (mm/dd/yyyy)

Step 3: Continue Election

*Please indicate the appropriate benefit(s) to which this applies.

Medical/Limited FSA: Please continue this participant's election. I understand the participant's election will remain the same and that a continuation of election will allow the participant to be reimbursed for expenses incurred while on Leave. Further, I understand that contributions that would be missed while on Leave can be prepaid prior to Leave, caught-up upon a return from Leave, or made while on Leave and that I must indicate the method in which contributions will be taken.

Dependent Care FSA: Please continue this participant's election. I understand the participant's election will remain the same and DCA expenses must qualify under the DCA rules (expenses incurred so the participant can work). Further, I understand that contributions that would be missed while on Leave can be prepaid prior to Leave, caught-up upon a return from Leave, or made while on Leave and that I must indicate the method in which contributions will be taken.

*Leave Start Date (mm/dd/yyyy)

*Contribution Method (Please select only one)

<input type="checkbox"/>	Prepaid: Contributions missed while on Leave were paid prior to Leave	Amount of prepaid contributions \$ _____
<input type="checkbox"/>	Continued while on Leave: Contributions will be paid while on Leave	
<input type="checkbox"/>	Catch-Up: Contributions missed while on Leave will be caught-up on future payrolls. I understand if the contributions are being caught-up I will need to provide contribution information in Step 3a upon the return from Leave	

Step 4: Signature

*Employer Signature

*Date (mm/dd/yyyy)



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Return from Unpaid Leave of Absence (LOA) Form

Step 1: Participant Information

<input type="text"/>	<input type="text"/>
*Employer Name (Do not abbreviate)	*Employee ID
<input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
*Participant Name (First, MI, Last)	*Social Security Number
<input type="text"/>	
*Return from Leave date (mm/dd/yyyy)	

Step 2: LOA Return - Revoked Election

*Please select only one and complete the corresponding contribution information.

<input type="checkbox"/>	Prorate: Please prorate this participant's election. I understand a prorated election will reduce the annual election by the amount that would have been contributed while on Leave. Further, I understand that the participant cannot be reimbursed for expenses incurred while on Leave and that I will need to provide contribution information in Step 2a.
<input type="checkbox"/>	Reinstate: Please reinstate this participant's election. I understand a reinstated election will not affect the annual election amount and that missed contributions while on Leave will need to be caught up with future payroll deductions. Further, I understand that the participant cannot be reimbursed for expenses incurred while on Leave and that I will need to provide contribution information in Step 2b.
<input type="checkbox"/>	Change election (DCA Only): Please return this form along with a completed Status Change Form. Participant may only decrease DCA election upon return from Leave.

Step 2a: Prorated Contribution Information

*Date of first payroll deduction after Leave	A.	
*Per pay period deduction prior to Leave	B.	The amount deducted per pay period prior to Leave
*Missed payroll deductions	C.	The number of payrolls missed while on Leave
*Total dollar amount of missed deductions	D.	Multiply box B by box C to calculate the total deductions missed while on Leave
*Annual election prior to Leave	E.	
*New annual election		Subtract box D from box E

Step 2b: Reinstated Contribution Information

*Date of first payroll deduction after Leave	A.	
*Annual election	B.	
*Contributions to date	C.	The total dollars contributed prior to Leave
*Remaining contributions	D.	Subtract box C from box B. This will total the contributions for the rest of the plan year
*Number of remaining pay periods	E.	The number of pay periods from box A to the end of the plan year
*New per pay period deduction amount		Divide box D by box E to calculate the new amount to be deducted each pay period

Step 3: LOA Return - Continued Election

*Date of first payroll deduction after Leave	A.	
*Annual election	B.	
*Contributions to date	C.	The total dollars contributed prior to Leave
*Remaining contributions	D.	Subtract box C from box B. This will total the contributions for the rest of the plan year
*Number of remaining pay periods	E.	The number of pay periods from box A to the end of the plan year
*New per pay period deduction amount		Divide box D by box E to calculate the new amount to be deducted each pay period

<input type="text"/>	<input type="text"/>
*Employer Signature	*Date (mm/dd/yyyy)

