

MILITARY LEAVE ELECTION FORM

Please complete this form, attach a copy of your orders to active duty and give it to your Department HR Coordinator who will forward it to Metro Human Resources attn: Tara Stewart.

Name: _____ Employee Number: _____

Branch of Service _____ National Guard Reserves

Local NG or Reserve Unit _____

Phone Number for your local NG or Reserve Unit: _____-_____-_____

Contact Information for Power of Attorney (if designated): _____

Pay Information:

Military Pay Grade (E-5, O-2 etc.): _____ Years of Military Service for Pay: _____

Military Base Pay per month: \$ _____ Partial Pay Received? Yes No

Date Active Duty Period Begins: ____/____/____ (Attach Orders)

Leave:

Do you choose to use vacation or comp-time prior to the beginning of partial pay? Yes No
If yes, please have your department personnel note on what date you will start the partial pay? ____/____/____.

Note: If you are drawing pay for military leave, vacation, comp-time, or other regular paid leave, partial pay (under the provisions of Civil Service Policy 4.12, Special Military Leave) will begin when paid leave stops.

Medical, Dental, and Basic Term Life Insurance:

You may elect to keep your Metro medical and dental coverage for up to 24 months while on active military duty. If you later decide to drop your coverage, you must notify Metro Human Resources in writing. Premiums will be deducted from your regular earnings or any partial pay you receive. Your Basic Term Life insurance will continue to be paid by Metro while you are on active duty.

Do you wish to continue your **Metro Medical Insurance** coverage? Yes No Employee Initials _____
If no, what is the effective date your Military coverage begins? ____/____/____.

Do you wish to continue your **Metro Dental Insurance** coverage? Yes No Employee Initials _____
If no, what is the effective date your Military coverage begins? ____/____/____.

Optional Benefits: Vision – Supplemental Life – Dependent Life

If you are enrolled in vision, supplemental life or dependent life, you may keep these benefits while you are on military leave or you may elect to cancel these benefits and reenroll when you return from leave. These premiums will NOT be deducted from any partial pay you receive so you must make an election below as to how you wish to pay these premiums. If you choose to cancel your Supplemental Life and/or Dependent Life while you are on leave, you will have 31 days from the date you return to work to reenroll without providing Evidence of Insurability.

- I will pre-pay my premiums before taking military leave
- I will pay the employee share of the monthly premium amount directly to Metro on an after-tax basis while I am on leave. Premium checks should be made payable to Metro Nashville Government and mailed to: Metro Nashville Government, PO Box 196300, Nashville, TN 37219-6300, Attn: Metro Finance – Accounts
- I will have my premiums held in arrears by Metro. When I return to work the premiums will be withheld from my paychecks over the same number of pay periods as the missed premiums would have been withheld (arrears running into the next calendar year will be taken on an after-tax basis)
- I wish to cancel my participation in the benefits I have circled below while I am on military leave and I understand I will not be required to provide Evidence of Insurability if I reenroll within 31 days of returning from leave:
Vision Supplemental Life Dependent Life

Short-Term Disability and Long-Term Disability:

While on military leave, you are NOT eligible to maintain your short-term or long-term disability coverage. If you return to work within 90 days, your coverage is automatically reinstated. If you return to work after 90 days, you will be treated as a new hire without a late enrollment penalty.

Flexible Spending Accounts:

You may elect to continue your Health Care flexible spending account while on military leave; however, you must pay your premiums direct on a post-tax basis (see payment information on bottom of first page). You must file any Health Care FSA claims by June 15 following the year end. You may not continue to participate in the Dependent Care FSA while on military leave, but be sure to file any claims within 90 days of the plan year end.

If you are a Qualified Reservist called to Active Duty for 180 days or more, you may request a distribution of all or a portion of the balance in your Health Care FSA. For more information about this distribution, contact Metro Human Resources.

Do you wish to continue your Flexible Spending Account? Yes No Employee Initials_____

Child Support Deductions:

If you choose to discontinue child support deductions from your Metro payroll check in order for the amount to be withheld from your Military earnings, please be aware:

1. The court order will need to be routed and processed by the Military.
2. In the event your activation time is brief, a court order would need to be re-submitted to Metro to resume the deduction.

In some cases, there could be delays in these processes, which may result in arrearages, which would be your responsibility. Please take these points into consideration prior to making any changes to your child support deductions.

Do you want your child support deduction, if applicable, transferred to the military? Yes No Employee Initials_____

Where to Call for Assistance:

- For general information or problems concerning this policy call Tara Stewart in Metro Human Resources at 862-6640.
- For information about your insurance benefits, contact Corey Northern in Metro Human Resources at 862-6700.
- Call Central Payroll at 880-2826 for information about voluntary payroll deductions such as child support, credit union, union dues, MECCC, etc.

I understand that Civil Service Policy 4.12, Special Military Leave, may allow me to receive partial pay while I am on active duty for operations as stated in the policy. Partial Pay will be equal to the difference between my regular Metro pay (pay plan rate) and my military base pay. The minimum partial pay, if applicable, is enough to cover my employee contributions for medical and dental benefits, if I choose to keep these benefits in force while I am on active duty. The pay will begin when I am deployed, or when other paid leave runs out, if I choose to use other leave, it will end when I am relieved of active duty or at the conclusion of operations. As part of my eligibility for partial payment, I agree to provide Metro with information that may be required to determine my eligibility and pay. If my military base pay changes while on active duty, I agree to notify my department, or have them notified, as soon as possible so that my benefits may be re-calculated. I also agree to notify my department within ten (10) days after I am released from active duty so that my partial pay can be stopped.

Employee's Signature

____/____/____
Date

HR Coordinator Signature

____/____/____
Date