



Montgomery County  
Public Schools

**MONTGOMERY COUNTY PUBLIC SCHOOLS  
HUMAN RESOURCES DEPARTMENT**

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Christiansburg, VA 24073  
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**ACKNOWLEDGEMENT OF  
BENEFITS CONTINUATION  
WHILE ON UNPAID LEAVE**

EMPLOYEE NAME \_\_\_\_\_

DATE \_\_\_\_\_

POSITION \_\_\_\_\_

LOCATION \_\_\_\_\_

UNPAID LEAVE PERIOD: \_\_\_\_\_ through \_\_\_\_\_  
(Month) (Day) (Year) (Month) (Day) (Year)

I understand that I may have the option to continue health insurance benefits provided through Anthem (if applicable) and life insurance benefits provided through VRS (including optional life insurance through Minnesota Life) while on unpaid leave (upon eligibility approval and verification from the MCPS Payroll staff). I also understand that in order to continue these benefits, I must remit payment so that the payment is received no later than the 15<sup>th</sup> day of the preceding month in which premium payments are due. If premium payments are not received when due, my benefits will expire as of the last day of the month in which premium payments were received on time. I also understand that if I elect not to continue my benefits while on unpaid leave, or if my benefits are cancelled due to non-payment, the benefits cannot be reinstated until the next annual enrollment period and then only if I complete the required enrollment forms by the deadline for annual enrollment.

I do not wish to continue my health insurance or life insurance plans while on unpaid leave.

If eligible, I wish to continue the following benefits while on unpaid leave and agree to pay the required premiums in the manner specified in the paragraph above. *(Check all that apply):*

Employee Health Insurance

Dependent Health Insurance

Basic Life Insurance  
(provided through VRS)

Optional Life Insurance (provided through Minnesota Life – **Note:** You must continue life insurance provided through VRS in order to continue optional life insurance through Minnesota Life)

I understand that I may also have the option to continue Section 125 Flexible Benefit plans (if applicable) while on unpaid leave. I understand that it is my responsibility to contact the Flexible Benefit Plan Administrators for information regarding continuation of Section 125 benefits.

I do not wish to continue any of my Section 125 Flexible Benefit plans while on unpaid leave.

I understand that failure to respond concerning the continuation of my benefits will result in my benefits being terminated.

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

**FOR PAYROLL USE ONLY:** Date Form Received: \_\_\_\_\_ Received By: \_\_\_\_\_  
Eligible to continue benefits: \_\_\_ Yes \_\_\_ No Munis Entry Date: \_\_\_\_\_ Entered By: \_\_\_\_\_