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| Grainger County Schools | 7850 Rutledge Pike Rutledge, TN 37861 | P: 865.828.3611 | E:chad@gcs123.net E:bshofner@gcs123.net |

Insurance Intent

Employee must complete insurance intent form to continue or suspend coverage during an unpaid

absence.

Anticipated Beginning Date of Absence: Click or tap here to enter text.

While on a leave of absence:

Health Insurance:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Dental Insurance:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Vision Insurance:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Life Insurance – Basic coverage paid by Grainger County Schools as active employee:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Life Insurance – Supplemental coverage paid by employee:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Life Insurance- Spouse coverage paid by employee:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Life Insurance – Child coverage paid by employee:

[ ]  N/A – no current coverage

[ ]  Continue coverage during 12 week FMLA period only

[ ]  Continue coverage during entire leave

[ ]  Suspend coverage as soon as possible

[ ]  Suspend coverage as of Click or tap here to enter text.

Maximum period of leave is two years.

An employee must check in quarterly with Human Resources department while on leave.

If an employee cancels coverage/suspends, employee must contact Human Resources Department a minimum of 31 days of returning to complete enrollment form.

Date

Click or tap here to enter text.

Employee Signature

Click or tap here to enter text.