



INSTRUCTIONS

Sickness and Accident Plan (S&A)

Employees who are eligible and approved for the County's S&A benefit (short term disability) will receive weekly indemnity payments consisting of sixty-seven percent (67%) of their normal gross straight time wages based on a 40 hour work week. See your contract/handbook for waiting periods. The benefit shall not exceed 26-weeks. TELUS Health is our third party administrator who will determine your eligibility and approval. To apply for S&A, you must follow the instructions below. If eligible, FMLA will run concurrent with your S&A

WHAT DO I NEED TO DO?

1. Request for Leave of Absence (scroll down for form)
 - You must complete this form and **return** it to your **department**
 2. Supplemental Pay and Pension Credit Election Form (scroll down for form)
 - Complete and sign (*Please note: The elections you make are irrevocable*)
 - Return form to Kent County Human Resources Department
 3. Contact TELUS Health (scroll down for instruction sheet)

Your reporting options are:

 - Call In
 - Online
 - Mobile App
 - If you need additional assistance, TELUS Health Customer Service can be reached between 8:00 am and 7:00 pm, Monday – Friday, at 888-674-3652
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ADDITIONAL INFORMATION

If you qualify for STD (S&A), your disability checks will be issued by TELUS Health. If you have chosen to supplement your disability check with your available banked leave time, you will also receive a check (or direct deposit) from Kent County (as long as you have applicable banked leave time available). The check distribution for disability payments from Telus Health is once per week. Please be aware that you may experience a delay in the initial claims process or subsequent extensions. You do have the option to have direct deposit through Telus Health. **Note: S&A payments are taxable income; however, Telus Health does NOT deduct income tax from these S&A payments.**

If you chose to supplement your S&A benefit, your A360 timesheet should reflect 2:40 hrs. (8 hour shift) or 3:20 hrs. (10 hr. shift) for the approved S&A days.

If you have questions on how to fill out your timesheet, please contact the Payroll Department at payroll@kentcountymi.gov.

An employee on a Family and Medical Leave will be required to utilize their paid time off, vacation and holiday time. The employee may request to retain one-half of their accrued vacation time available at the time the FMLA leave commences. Such request must be made in writing when the employee is placed on a Family and Medical Leave unless unable due to an emergency. Make this election on the Request for leave of absence form by checking the appropriate box. Once the selection is made, it cannot be revoked.

COORDINATION OF S&A AND FAMILY MEDICAL LEAVE ACT (FMLA)

Qualified FMLA leaves run concurrently with the County's S&A program. Your attending physician may not be responsible for completing a supplemental FMLA medical certification if you comply with TELUS Health S&A documentation processes.

KENT COUNTY RETURN TO WORK POLICY

If your absence qualifies you for S&A, then TELUS Health will approve your disability for a specific period of time. If you are unable to return on that date, you are reminded to comply with Section 7(c)(iv) of the Human Resources Policy & Procedures which states:

An employee is required to communicate promptly regarding any changes in the duration or status of a medical leave to the department director or designee. An employee must return to work at such time as the healthcare provider releases him/her to do so, and provide a medical release to return to work. If an employee receives a conditional release to return to work, with physical restrictions, the department director, in consultation with the Human Resources Director, will review and may approve a restricted work assignment. Failure of the employee to immediately return to work upon medical certification of his/her ability to do so (with or without restrictions) is deemed to have resigned from County employment.

GINA NOTICE

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

BENEFITS

Paid Leaves

If you are on an FMLA/S&A leave and you chose to supplement your S&A, your benefits premiums are deducted from your Kent County supplement checks.

Unpaid Leaves

If you are on an unpaid FMLA leave of absence, you are responsible for any missed benefits premiums that may be due upon your return from leave. This includes medical, prescription and flexible spending accounts. These arrears will be collected in a lump sum from your paycheck(s) upon your return, until paid in full.

If you are not protected by FMLA and are on an unpaid leave of absence such as S&A Only (not supplementing), Worker's Comp or Personal Leave, your medical benefits will be terminated at the end of the month in which your leave becomes unpaid. A COBRA notice will be mailed to you, at which time you will have the opportunity to elect COBRA coverage at full cost plus 2%. Benefits would be reinstated the first of the month following your return to full time work .



REQUEST FOR LEAVE OF ABSENCE

Employee Section

Employee Name: _____ Employee Number: _____

Department: _____

Type of Leave Requested: (Check all that apply)

- Medical* Personal Educational Military
 Family & Medical Leave Worker's Compensation* Paid Parental Leave

**Considered as FMLA up to the first twelve weeks of the leave if eligibility requirements /qualifications are met.
Family and Medical Leave (FMLA) runs concurrent with medical/worker's compensation leaves of absence.*

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you **not** provide any genetic information when responding to this request for medical information. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Reason for Leave: _____

- Continuous Leave Intermittent Leave

Date leave is requested to begin: _____ Last day worked: _____

Anticipated return to work date : _____

I understand that if this leave is a personal leave or a leave granted under the provisions of the Family and Medical Leave Act, any sick, vacation or holiday hours I am eligible to take and have available will be utilized from the start of the leave until the hours have been depleted, unless otherwise stated in my union contract or policies and procedures . I also understand that if my leave has been granted under the provisions of the Family and Medical Leave Act and I do not return to work, I am obligated to repay Kent County the entire cost of the health care premiums for the period of the unpaid leave and/or have the amount owed deducted from my last pay check or any monies received from the County.

I also understand if this leave request is approved, I must return to employment at the expiration of the leave of absence, unless I have made prior arrangements to have the leave extended, or my employment will be terminated.

Employee Signature: _____ Date: _____

FOR FMLA LEAVES ONLY

I request to reserve 1/2 of my available vacation time. I understand that I can only reserve 1/2 of what is available in my vacation bank at the start of my approved FMLA leave of absence and that this election is irrevocable for the duration of the leave, including all extensions.

Department Section

This leave of absence request is: Approved Denied

Department Director/Judiciary or Designee: _____ Date: _____





**KENT COUNTY SICKNESS & ACCIDENT PLAN
SUPPLEMENTAL PAY AND PENSION CREDIT
ELECTION FORM**

Section 1. PARTICIPANT INFORMATION

Participant Name	MPP or Union Group	Leave Start Date	Employee I.D.

Section 2. IMPORTANT NOTICES

Supplementing S&A Payments: During the course of your Sickness and Accident (S&A) leave, you may supplement your S&A benefit with accrued banked leave time. Choosing NOT to supplement your S&A benefit payments may negatively affect your Final Average Salary if your retirement effective date is within 5 years of your S&A period.

Pension Service Credit: During Sickness & Accident (S&A) leave, a participant in the pension plan will receive credit for months of service during which the participant was receiving County-sponsored S&A benefit payments only if the employee pays the contributions required on 100% of the employee's normal gross weekly wage for the entire period during which S&A is paid. Participants on S&A leave may elect to pay their contributions by payroll deduction on compensation earned following return to employment or by pre-tax deductions from supplemental pay from their sick, holiday, paid time off, or vacation banks.

This form should be submitted to Human Resources prior to commencement of the leave, when foreseeable, or as soon as possible when the leave is not foreseeable. Failure to do so could result in delay or denial of supplemental payments.

Section 3. SUPPLEMENTAL PAY ELECTION

I hereby make the election below regarding Supplemental Pay for my S&A leave:

I elect to waive supplemental pay for my S&A benefit period. **OR**

I elect to supplement my S&A benefit:

Select the order in which leave banks will be used by using numbers 1, 2, 3, 4

____ Reserve Sick Leave Bank (if applicable)

____ PTO Time

____ Vacation Time

____ Holiday Time (if applicable)

Section 4. ELECTION

I hereby make the election below regarding Pension Service Credit for my S&A leave:

I elect to waive pension service credit for my S&A benefit period. **GO TO SECTION 5**

I elect to receive pension service credit for my S&A benefit period. **CHOOSE ONE OPTION FROM SECTION BELOW**

I am supplementing and authorize deduction of pension contributions on 100% of my normal gross weekly wage.

I elect to make pension contributions following return to work.

Section 5. SIGNATURE

I understand that the elections I have made are irrevocable for the duration of the leave, including all extensions. I further acknowledge that pension service will not be credited until required contributions are deposited to the pension plan.

Signature

Date

How to report an absence including Family & Medical Leave Act (FMLA) or Short Term Disability (STD)



Login to the Kent County Absence and Leave Reporting System at kentcounty.abiliabsenceus.com. If you do not have access to the internet, call the automated system at [888.349.5917](tel:888.349.5917).

When should I report my absence?

Login or call the Kent County Absence and Leave Reporting System as soon as you know you will be absent from work for an FMLA-qualifying event or to request a Short Term Disability (STD) claim. If your need for leave is in the future, you must report your absence and request FML at least 30 days in advance. If your need for leave is less than 30 days in advance, you must report your absence and request FML on the same or next day that you learned you would need time off from work (e.g., doctor's appointment for a serious health condition, physical therapy, etc.).

Please Note: You must continue to comply with your department call-in procedure.

You may qualify for Family & Medical Leave

If you have a serious health condition that makes you unable to perform the functions of your job and expect to be absent from work for:

- ~ More than 3 consecutive calendar days,
- ~ Intermittent periods of time (non-consecutive hours or days away from work), or
- ~ Overnight stay in a hospital, hospice or residential care facility for any amount of time

Or for one of the following:

- ~ Birth of a child and care of a newborn child
- ~ Placement of a child with you for adoption or foster care
- ~ Care for a spouse, child or parent with a serious health condition
- ~ Qualifying Exigency reason(s) arising from your family member's military deployment
- ~ Care for a family member who incurred a serious injury or illness in the line of active military duty

The following reasons are available to request FMLA paperwork, a STD Claim form or report an absence related to a previously approved FMLA and/or a Short Term Disability leave.

- My own illness or injury
- To care for a family member
- Pregnancy
- Bonding with a new child
- Military related

What information will I need to report my absence?

- Your Employee ID Number
- Your full date of birth (mmddyyyy)
- Your last name (if using the online portal)
- The date of your absence(s)
- Your expected return to work date
- Who is the absence related to (yourself or a family member)?
- Is this absence related to a Short Term Disability or accident/sickness claim?

What happens next?

- You will receive a confirmation number when your absence is reported successfully. Please wait until you receive your confirmation number.
- Your immediate supervisor will receive a notification of your absence.

For Family & Medical Leaves

(Not related to Short Term Disability)

- Within one business day, your case manager will attempt to contact you to discuss the details of your leave request. Please note this call may come from an unknown number. You will receive a package from TELUS Health which will include information about your eligibility for Family & Medical Leave and your rights under FMLA, as well as further instructions regarding any paperwork you must provide. If you do not receive your packet, please contact your TELUS Health case manager.
 - Take the entire packet to your or your family member's health care provider for completion.
 - Please remember that it is YOUR responsibility to make sure the forms are completed and returned to TELUS Health by the due date listed.
 - Employees are obligated to maintain open and timely communication with both their supervisor (or department designee) and TELUS Health concerning any modifications or updates to the duration or status of their medical leave.

For Short Term Disability Leaves

If you indicate that you would like to file a Short Term Disability claim, you will receive a packet from TELUS Health which includes:

- A claim form with required sections for you and your health care provider to complete.
Please have this form completed and return to TELUS Health as instructed.
- A notice of eligibility for FMLA.

What happens if my Short Term Disability claim is approved?

- You will receive an Explanation of Benefits (EOB) listing the dates that you are approved for benefits and an Extension form for your health care provider to complete if you are unable to return to work at the expiration of your leave.
- TELUS Health will notify your employer's Human Resources (HR) Department of your disability claim approval and your anticipated return to work date.

What happens if my Short Term Disability claim is denied?

- You will receive an Explanation of Benefits (EOB) listing the reason for the denial of disability benefits and an explanation of how to appeal the decision if desired. Upon receipt of the EOB, you should contact your health care provider and your supervisor or HR Department to schedule your return to work date.
- You may still be eligible for leave under FMLA. Additional information may be required for approval of FMLA. TELUS Health will inform you of the process based on individual situations.
- TELUS Health will notify your HR Department that your disability benefits have been denied.

Return to Work

What can I expect while I am out on disability?

The goal of your employer and TELUS Health is to help you get well and return to work as quickly and safely as possible. During your disability, your employer may be able to accommodate your work restrictions. This could include job modifications or a reduced work schedule. TELUS Health will help coordinate your return to work with your health care provider and HR Department.

What should I do when it's time to return to work from a disability or extended Family Medical Leave for my own serious health condition?

- Contact your HR Department or supervisor to let him/her know the date you will be returning to work.
- You will be required to obtain an authorization from your health care provider to return to work. If you still have work restrictions present, please contact your TELUS Health case manager immediately to coordinate your return.
- Based on your company's policy, please bring this authorization to your supervisor, Human Resource or Medical department on your first day back to work.

What if I feel that I cannot return to work on the date my Short Term Disability is expected to end?

- You will need to submit a completed Short Term Disability Extension form to TELUS Health. Please feel free to contact your TELUS Health case manager to discuss your situation - they may be able to contact your health care provider for an update on your medical condition.
- Employees are obligated to maintain open and timely communication with both their supervisor (or department designee) and TELUS Health concerning any modifications or updates to the duration or status of their medical leave.

