INSTRUCTIONS

Sickness and Accident Plan (S&A)

Employees who are eligible for the County's S&A benefit will receive weekly indemnity payments consisting of sixty-seven percent (67%) of their normal gross straight time wages. See your contract/handbook for waiting periods. The benefit shall not exceed 26-weeks.

Please complete

Request for Leave of Absence

- You must complete this form and **return** it to your **department**.

Supplemental Pay and Pension Credit Election Form

- Complete and sign
- Return form to Kent County Human Resources Department

Please note: The elections you make are irrevocable

Filing an S&A Claim

We have included an instruction sheet that describes the process you must follow to report your claim to MorningStar Health. You can either log-in to the Kent County Absence and Leave Reporting system via MorningStar Health's website https://mshonline.net and enter Employer Number 8883495917, or use the call-in automated system at 888-349-5917, to report your S&A claim. If you need additional assistance, Customer Care can be reached between 8:00 am and 7:00 pm, Monday – Friday, at 888-674-3652.

Keep in mind that your S&A payments are taxable income; however, MorningStar Health does NOT deduct income tax from these S&A payments.

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 MorningStar Health's S&A documentation processes.

Kent County Return to Work Policy

If your absence qualifies you for S&A, then MorningStar 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 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. The employee must 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) shall be considered a de facto voluntary resignation by the employee.

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.

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* ☐ Other

**Considered as FMLA up to the f rst twelve weeks of the leave if eligibility requirements /qualif cations 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: _____

Expected return to work date (if unknown, "pending medical certification"): _____

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 LeaveAct 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: _____

Department Section

This leave of absence request is: ☐ Approved ☐ Denied

Leave will begin: _____ Expected return to work date: _____

If unknown, "pending medical certification"

Employee ☐ has ☐ has no re-employment rights.

Remarks: _____

_____

Department Director/Judiciary or Designee:_____ Date: _____

HR Section

LOA

Human Resources Director/Designee:_____ Date: _____

FMLA

Family and Medical Leave Act (FMLA) ☐ Approved ☐ Denied ☐ N/A

HR Director/Designee Initials: _____ Copy to employee: _____

Copy to Payroll

HR Initials _____

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. **GO TO SECTION 4 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 or 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. **MAKE NEXT ELECTION IN <u>THIS</u> SECTION**

☐ 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 (FML), Sickness and Accident/Short Term Disability (STD)

It's simple! Login to the Kent County Absence and Leave Reporting System at **https://mshonline.net** **and enter 8883495917** or if you do not have internet access, call our automated system at **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 FML qualifying event or to request a Sickness and Accident/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 procedures.

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 FML paperwork, a STD Claim form or report an absence related to a previously approved FML and/or a Sickness and Accident/Short Term Disability (STD) leave.

- Illness, Injury, FML or STD

  If the absence is reported for yourself, you will be asked if you would like to file a Sickness and Accident/Short Term Disability (STD) claim.
- Pregnancy
- Related to Military Deployment
- Care of a New Child

What information will I need to report my absence?

- Your Employee ID
- Your PIN (employee's birth day MMDD)
- The date of your absence
- The type of absence
  - Full day
  - Arrive late
  - Mid-day absence
  - Leave early
- Your expected return to work date
- Who is the absence related to (yourself or a family member)?
- Is this absence related to a Sickness and Accident/Short Term Disability (STD) claim?
- Is this absence related to a Workers' Compensation 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 Sickness and Accident/Short Term Disability (STD))

- Within a few days, you will receive a package from MorningStar Health which will include information about your eligibility for Family & Medical Leave and your rights under FML, as well as further instructions regarding any paperwork you must provide.
  - Sign the release form and take the entire packet to your health care provider for completion.
  - Please remember that it is **YOUR** responsibility to make sure the forms are completed and returned to MorningStar Health **by the due date** listed.

For Sickness and Accident/Short Term Disability (STD) Leaves

If you indicate that you would like to file a Sickness and Accident/Short Term Disability (STD) claim, you will receive a packet from MorningStar 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 MorningStar Health as instructed.

- The employer portion will be completed and submitted separately.

What happens if my Sickness and Accident/Short Term Disability (STD) 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 doctor to complete if you are unable to return to work at the expiration of your leave.
- MorningStar 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 Sickness and Accident/Short Term Disability (STD) 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 doctor and your supervisor to schedule your return to work date.
- You may still be eligible for leave under FML. Additional information may be required for approval of FML. MorningStar Health will inform you of the process based on individual situations.
- MorningStar 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 MorningStar 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. MorningStar 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 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 MorningStar Health 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 Sickness and Accident/Short Term Disability (STD) is expected to end?

- You will need to submit to MorningStar Health a completed Short Term Disability Extension form. Please feel free to contact MorningStar Health to discuss your situation. MorningStar Health may be able to contact your health care provider for an update on your medical condition.
- You must also contact your supervisor to keep them informed of your progress and intent to return to work.

MORNINGSTAR HEALTH

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