

Active Duty Military Leave: Benefits

Leave Procedures

Pinellas County follows Florida law and the federal Uniformed Services Employment and Reemployment Act (USERRA) providing certain rights and benefits to employees called into active military duty. Employees are expected to follow their department policy for reporting of absences, including military leave. USERRA requires service members to provide advance written or verbal notice to the employer of all military duty, unless giving notice is impossible, unreasonable or precluded by military necessity.

- Employees requesting paid military leave must provide to their department a copy of their official military orders.
- The paid military leave benefits under Florida law will depend on the nature of the service. Employees will be granted paid military leave as follows:
 - 30 calendar days of paid leave for members of the National Guard (of any state), the U.S. Armed Forces, or the United States Public Health Service for active federal military service, in training or on active duty, that lasts at least 90 consecutive days. This leave time will be coded on the timecard as *LWP Military Svc.*
 - Up to 240 hours (or 30 workdays) of paid leave, per calendar year, for members of the National Guard (of any state) or reservists in the U.S. Armed Forces on days when absent and engaged in training. This paid leave time will be coded on the timecard as *LWP Military Training.*
 - Up to 30 calendar days of paid leave, per emergency or disaster, for members of the Florida National Guard or Florida State Guard for state active duty service. This paid leave time will be coded on the timecard as *LWP Ntl Guard Svc.*
- After paid military leave is exhausted, leave is without pay (LWOP). However, an employee may elect to use their accrued annual leave time, personal days, and floating holidays in lieu of LWOP during a military leave of absence.
- In accordance with USERRA, employees will be allowed enough leave time to travel safely and arrive fit to perform military service. When the period of service ends, additional leave time will be allowed to return to work depending on the length of service or any illness or injury sustained. All leave time provided before and after the dates of service will be LWOP, or the employee may elect to use their accrued annual leave time, personal days, and floating holidays.
- All LWOP is creditable for retirement benefits provided the employee is honorably discharged and returns to employment with the same FRS agency within 90 days of discharge from active duty and must be entitled to reemployment under the provisions of USERRA (FRS Employer Handbook Military Service https://frs.fl.gov/forms/EH_ch07.pdf).

Benefits

- **Group Medical and Dental.** May be continued or canceled. Your premium will be the same as when deducted during active employment. Should the employee desire dependent only coverage, it will be provided through COBRA using COBRA rates.
- **Opt Out.** May be continued with proof of alternative coverage, otherwise will be canceled. Must elect Opt Out and provide required documentation during Annual Enrollment each year to continue the benefit.
- **Basic Life.** Continues uninterrupted. The County pays the full premium.
- **Supplemental Life.** May be continued or canceled. Premium will be the normal employee deduction amount.
- **Short and Long Term Disability.** Not eligible to be continued as the employee will suffer no loss of County earnings due to disability.
- **Deferred Comp.** Can be canceled. If it is left in place, any leave pay will be reduced as if the employee was receiving regular wages.
- **Healthcare or Dependent Care Flexible Spending Account.** Healthcare FSA may be continued or canceled. If employees desire to continue healthcare FSA, they must contact Employee Benefits for details. Dependent care FSA cannot be continued during leave of absence.
- **Voluntary Plans through Aflac, ARAG Legal, Allstate Identity Protection (AIP).** May be continued or canceled. Premium will be the normal employee deduction amount.

Administrative Procedures/Special Conditions

- The County reserves the right to change these procedures in accordance with federal or state law, changes in the Personnel Rules or other reasons in the best interests of the County service.

- Insurance coverage will be canceled as of the end of month in which paid benefits end (either by payroll deduction or employee paying via invoice).
- Employees will be permitted to reenroll for any coverage they choose to cancel during the leave provided they notify Employee Benefits and complete the necessary forms within the first 31 days following their return to employment.
- Premiums will be paid through direct billing unless annual leave is used and pay is sufficient to cover the premium.
- Employee Benefits will accept a power of attorney for another individual to act on the behalf of the employee during the leave.

See page 3 for the Benefits Election Form.

Active Duty Military Leave: Benefits Election Form

Please make an election for each of the benefits below. When you have completed the form, sign, date, and return it to Employee Benefits by email at employee.benefits@pinellas.gov, fax to (727) 453-3573, or interoffice mail. Your form must be received no later than 31 days from the effective date of your active military service, or your coverage will be canceled. Upon receipt of your election form, Employee Benefits will process any changes. If you have questions, call Employee Benefits at (727) 464-3367, option 1 or email employee.benefits@pinellas.gov.

Benefit	Election
Group Medical	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Group Dental	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Basic Life Coverage continued automatically. Pinellas County pays the premium, no election necessary.	N/A
Supplemental Life	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Short Term Disability Coverage will be discontinued until return to active employment.	N/A
Long Term Disability Coverage will be discontinued until return to active employment.	N/A
Deferred Compensation If continued, it is recommended your deduction be changed to an amount less than any pay less insurance and taxes.	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Healthcare Flexible Spending Account. If you desire to continue, you <u>must</u> contact Employee Benefits for more information.	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Dependent Care Flexible Spending Account. Not eligible to be continued during leave.	N/A
Voluntary Aflac Accident Plan	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Voluntary Aflac Hospital Plan	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Voluntary Aflac Critical Illness Plan	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Voluntary ARAG Legal Plan	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>
Voluntary Allstate Identity Protection Plan	Continue <input type="checkbox"/> Cancel <input type="checkbox"/>

By signing this form, I am instructing the County to take action concerning the continuation of my benefits. I also authorize the deduction of premiums from other pay, provided there are sufficient funds available. I understand that continuation of coverage will be based on payment of required premiums.

I understand that the elections I selected above require presentation of my Military Leave and Earnings Statement (LES), or other verification of military pay as acceptable to Payroll/Human Resources and that I am required to advise Human Resources of any change in my military base salary.

Print Name:	Employee #:
Signature:	Date:

HR USE ONLY

Military Leave Begin Date:	Coverage Effective Date:
Premium Effective Date:	