Family Medical Leave Act Guidance

FMLA is un-paid, job-protected leave. The employer is responsible for determining if the employee is eligible for leave under FMLA and the duration of such leave (WAC 182-12-138). According to the U.S. Department of Labor:

FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Eligibility & Employee Contribution During FMLA

An employee is not required to submit leave during FMLA, but is responsible for paying the employee contribution during leave. The employee can pre-pay or pay-per-month for their contribution. Additional information on FMLA premium payment options and tax treatments under IRC Section 125 is available in the <u>PEBB Eligibility Manual</u> (chapter 1, page 27).

If an employee exhausts the period of leave under FMLA (and does not return to work), insurance coverage may be continued by self-paying the full premium, with no contribution from the employer (WAC 182-12-138).

Special Open Enrollment

An employee may not waive their PEBB coverage during FMLA unless they've experienced a life event that triggered a special open enrollment event that allows them to waive coverage. FMLA is not a qualifying SOE. For example, if an employee has a baby (and goes on FMLA to care for the newborn), the employee is allowed to waive their PEBB medical and enroll under their spouse/registered domestic partner's coverage due to the birth of the child (as long as the employee provides notice no later than 60 days after the event) (Policy 45-2, Addendum 45-2A, #3).

For more information on life, LTD, and FSA/DCAP options and filing life and LTD claims during FMLA, see the <u>C-2 worksheet</u>. Other resources include:

- Life Insurance Admin Manual
- LTD Admin Manual
- Medical FSA and DCAP Enrollment Guides at the <u>Navia Benefit Solutions</u> website