

OKLAHOMA COUNTY Notification of Military Leave

In accordance with Title 51 O.S. 1991, § 25.4, 25.5, and 25.7, and Title 72 O.S. 1991, § 48, during any federal fiscal year an employee shall be granted leave for military duty for active duty, reserve status training and/or military camp without loss of status. The employee shall be paid during the first thirty (30) regular scheduled workdays of such leave of absence during any federal fiscal year.

Health Benefits

In accordance with the federal Uniformed Services Employment and Reemployment Rights Act (USERRA), during periods of military service an employee of Oklahoma County may who is a Participant in the Oklahoma County Health and Dental Plan may optionally elect to retain such coverage for himself/herself and his/her eligible dependents. An employee who elects to retain such coverage may do so at the applicable premium rate for active employees. Eligibility for said coverage will end on the day after the deadline for him/her to reapply for reemployment or 18 months after the absence from employment begins, whichever comes first.

If an employee elects to retain said coverage, monthly premiums will be deducted from any pay due the employee. If no pay is due the employee in a given month, the employee is responsible to remit the premium payment to the County. Premium payments are due by the 1st of the month and are considered delinquent by the 15th. A cancellation notice will be issued at the end of the month, and if all premiums due are not paid by the 15th of the following month, coverage will be cancelled. Premiums should be made payable to the Board of County Commissioners, and mailed to:

**Oklahoma County Benefits Office 320 Robert S. Kerr, Room 105
Oklahoma City, OK 73102**

Employees who elect not to retain health coverage through Oklahoma County during periods of military service, will be reinstated in the Plan upon their return to civilian employment. Such employees will not be subject to waiting periods, evidence of good health, or preexisting conditions (other than for those conditions determined by the Federal government to be service-connected).

Retirement Benefits

Upon return from military duty, an employee of Oklahoma County may be entitled to have contributed to his/her retirement account, an amount equal to the County contribution that would have been made absent the period of service. This amount is calculated on the employee's base earnings, which does not include overtime or supplemental pay. This retirement contribution is contingent upon the employee's return to work within the guidelines specified by USERRA.

Notification of Military Leave

I, _____, hereby notify Oklahoma County of my pending period of active Military Duty. My Military leave will begin on _____, 20____, and will continue for a period of approximately _____ days/weeks/months/years. My anticipated return to work date is _____, 20_____.

Please attach copies of Military Orders.

I am not currently a Participant in the Oklahoma County Health and Dental Plan, and therefore, am not eligible for continued coverage during this period of military service.

I am currently a Participant in the Oklahoma County Health and Dental Plan, but do not wish to retain coverage for myself and/or my dependents during this period of military service.

I am currently a Participant in the Oklahoma County Health and Dental Plan, and hereby elect to retain coverage for myself and/or my dependents during this period of military service. I have read the foregoing information concerning continuation of benefits, and understand that the monthly premium for said coverage is \$_____, and that if I do not have sufficient pay during any monthly period, I am responsible to remit this premium directly to the Oklahoma County Benefits Office by the 1st day of each month.

Signed and dated this _____ day of _____, 20_____.

e Elected Official Signature

Employee Social Security Number Department

*Distribution: Benefits Office Payroll
Office Personnel File*

For Office Use Only:

Base Pay \$_____ Cost Center_____

Anticipated Contribution \$_____ RTW

Date: _____ Date of

Final Processing: _____