



Benefit Premiums while on Furlough, Reduced Schedule, or Reduced Salary

Employee Data (please type/print)

FULL NAME	DATE OF BIRTH		
ADDRESS	CITY	STATE	ZIP CODE
HOME PHONE	EMAIL ADDRESS		
ACTION (CHECK ONE):	FURLOUGH	REDUCED SCHEDULE	REDUCED SALARY

Please check the appropriate box(es) below to indicate your understanding of the expected payment method, or in some cases select your preferred option. The signed or e-signed form must be returned via email to Human Resources at hure-mail@wittenberg.edu **no later than May 10, 2020.**

Medical, Dental, Vision and Supplemental Life Insurance Premiums.

During the affected period of furlough, reduced schedule, or reduced salary your portion of the medical, dental, vision, and supplemental life insurance [monthly premiums](#) must continue to be made for each month that you are affected to remain covered under the plan(s).

For Employees on REDUCED SCHEDULE OR REDUCED SALARY

I understand that benefit premiums will continue to be deducted through payroll deduction from my reduced salary. *Should my reduced salary not be enough to cover my benefit premiums I agree to mail a check to the University for the remaining balance of medical, dental, vision and/or supplemental life insurance premiums on a monthly basis (i.e. pay each month) or aggregate monthly basis (i.e. pay once for 2, 3, or more months).*

For Employees on FURLOUGH

I will mail a check to the university for my portion of medical, dental, vision, and/or supplemental life insurance premiums on an individual monthly basis (i.e. pay each month) or aggregate monthly basis (i.e. pay once for 2, 3, or more months).

Health Savings Account (HSA)

During the affected period of furlough, reduced schedule, or reduced salary your HSA contributions may need to be adjusted.

For Employees on REDUCED SCHEDULE OR REDUCED SALARY

OPTION 1: I will continue to have regular HSA contributions taken through payroll deduction from my reduced salary. *Should my reduced salary not be enough to cover my regular HSA contribution I agree to contact HR to discuss options.*

OPTION 2: I wish to change my HSA contribution. I will complete the [HSA Contribution/Change Form](#) and submit it to HR **prior to the [payroll cutoff](#)** for the month I wish the change to be effective.

For Employees on FURLOUGH

I understand that my employee HSA contributions will be suspended during my time of furlough & reinstated upon my return from furlough. I understand that as long as I remain eligible under the terms of the healthcare plan and HSA plan I will receive the quarterly employer HSA contribution.

HealthCare and Limited Purpose Flexible Spending Accounts (HC-FSA & LP-FSA)

During the affected period of furlough, reduced schedule, or reduced salary your HC-FSA or LP-FSA contributions may need to be adjusted.

For Employees on REDUCED SCHEDULE OR REDUCED SALARY

I understand that regular HC-FSA and/or LP-FSA contributions will continue to be taken through payroll deduction from my reduced salary. *Should my reduced salary not be enough to cover my regular FSA contributions I agree to contact HR to discuss options.*

For Employees on FURLOUGH

I understand that my employee HC-FSA and/or LP-FSA contributions will be suspended during my time of furlough & reinstated upon my return from furlough. I understand that upon reinstatement my premiums will be adjusted and taken over the remaining pay periods to reach my annual election amount

Dependent Care Flexible Spending Account (DC-FSA)

During the affected period of furlough, reduced schedule, or reduced salary your DC-FSA contributions may need to be adjusted.

For Employees on REDUCED SCHEDULE OR REDUCED SALARY

OPTION 1: I elect to continue regular DC-FSA contributions from my reduced salary. *Should my reduced salary not be enough to cover my regular FSA contribution I agree to contact HR to discuss options.*

OPTION 2: Per the [special provision in the CARES Act](#), I wish to change/stop my DC-FSA election. I will complete the [FSA Contribution/Change Form](#) & submit it to HR **prior to the payroll cutoff** for the month.

For Employees on FURLOUGH

OPTION 1: I understand that my employee DC-FSA contributions will be suspended during my time of furlough & reinstated upon my return from furlough. I understand that upon reinstatement my premiums will be adjusted and taken over the remaining pay periods to reach my annual election amount.

OPTION 2: Per the [special provision in the CARES Act](#), I wish to stop my DC-FSA election. I will complete the [FSA Contribution/Change Form](#) & submit it to HR **prior to the payroll cutoff** for the month.

TIAA 403(b) Retirement)

The university 403(b) match has been temporarily suspended for all employees. During the affected period of furlough, reduced schedule, or reduced salary your employee TIAA contributions may need to be adjusted.

For Employees on REDUCED SCHEDULE OR REDUCED SALARY

OPTION 1: I will continue to have regular TIAA 403(b) retirement contributions taken through payroll deduction from my reduced salary. *Should my reduced salary not be enough to cover my regular TIAA contribution I agree to contact HR to discuss options.*

OPTION 2: I wish to change my TIAA contribution. I will complete the [Salary Reduction & Elective Deferral Agreement](#) and submit it to HR **prior to the payroll cutoff** for the month I wish the change to be effective.

For Employees on FURLOUGH

I understand that my employee TIAA contributions will be suspended during my time of furlough & reinstated upon my return from furlough.

Signature or E-signature Approval

I authorize Wittenberg University to act on these selections as appropriate during the time I am on temporary furlough.

Employee signature

Date

*****HR USE*****	
Effective Date	
Payroll	
Anthem	
MetLife	
Superior Dental	
Chard Snyder	
TIAA	