

<b>MILITARY ACTIVATION</b>		
Name:	Work Location:	
SSN:	Employee ID#:	
<input type="checkbox"/> Copy of Military Orders Attached.		
Person authorized to receive any monies due during military activation:		
Name: (print)		
Relationship:	Telephone#:	
<b>LEAVE USAGE</b>		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Utilize military leave.
<input type="checkbox"/>	<input type="checkbox"/>	Use personal leave, annual leave, compensatory time, or holiday deferral time when military leave is exhausted.
<input type="checkbox"/>	<input type="checkbox"/>	If still activated October 1 <sup>st</sup> , when additional 144 hours of military leave is allotted, I elect to be placed back in pay status, issuing payment to individual listed in Section above.
<b>FLEXIBLE BENEFITS</b>		
<input type="checkbox"/>	I understand that some of my Flexible Benefits coverage may be continued or discontinued while on Military Leave without Pay. I <b>MUST</b> contact the GaBreeze Benefit Call Center to make changes.	
<b>HEALTH INSURANCE-SELECT ONE</b>		
<input type="checkbox"/>	Request to Continue Health Benefits During Leave of Absence without Pay form completed.	
<input type="checkbox"/>	Check for 1 <sup>st</sup> month premium attached. <b>OR</b>	
<input type="checkbox"/>	Discontinuation of Health Benefits Coverage-Military Activation form completed.	
Upon my return to work from military activation, I understand:		
<ul style="list-style-type: none"> <li>• I must, within 30 days of return to duty, notify my local Human Resources office to enroll, re-enroll, or discontinue health insurance coverage. I must also notify the GaBreeze Benefits Call Center to make changes to Flexible Benefits coverage.</li> <li>• By writing to the Employees' Retirement System, within six (6) months of my return, I may purchase creditable service for the period of Military Leave without Pay up to a maximum of five (5) years. I must then pay the employee contributions for that period not later than three (3) times the length of qualified service or five (5) years, whichever is shorter.</li> </ul>		
Employee Signature	Date	