Military Leave Insurance Reinstatement Options Upon Return to Work

Employee Name		SSN	
The state of Indiana shall offer reinsta employees returning from military leav that coincides with the first day of wo date by beginning premium payments	ve. Employees may c rk by paying retroactiv	hoose an effective da ve premiums or with a	ate of coverage a later effective
Please select one of the boxes below information.	regarding HEALTH CA	ARE and complete all	requested
I elect to reinstate coverage for health the date of my return to work. I understan PS Action/Reason Codes – RFL/RML	d I will have to pay prem		
I intend to return to work at		on	
A	gency/Work Location		Date
I elect to reinstate coverage for health results from beginning premium payments (Office use only: PS Action/Reason C	with my first paycheck a		ve date that
I intend to return to work at		on	
A	gency/Work Location		Date
☐ I elect NOT to reinstate coverage for h (Office use only: PS Action/Reason C			
Please select one of the boxes below	regarding LIFE insura	nce.	
I elect to reinstate coverage for life ins premium payments with my first paycheck		date that results from be	eginning
I intend to return to work at	gency/Work Location	on	Date ·
	gency/work Location		Date
☐ I elect NOT to reinstate coverage for li	fe insurance.		
Employee Signature		 Date	