

GEORGIA BANKERS ASSOCIATION INSURANCE TRUST, INC.

LEAVE OF ABSENCE

Employee's Name _____

Employee's Social Security No. _____ Date Last Worked _____

Employee's Address _____
Street Address City State Zip Code

Bank Name _____

City _____ Date _____

FMLA Medical Other

Georgia Bankers Association Insurance Trust, Inc. will grant up to 12 weeks for leave of absence for medical and dental benefits. If the employee has not returned to work by the end of the month of which the 12 weeks ends, coverage will be terminated on the last day of that month. We will offer COBRA to the employee once you have notified us the status of returning to work.

PLEASE EMAIL OR FAX COMPLETED FORM TO: Susan Kelley or Lee Belaus
skelley@gabankers.com or lbelaus@gabankers.com
FAX: 404/688-9641