

GEORGIA BANKERS ASSOCIATION INSURANCE TRUST, INC.
LEAVE OF ABSENCE
TEMPORARY LAY OFF

Employee's Name _____

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

Employee's Address _____
Street Address City State Zip Code

Bank/Company Name _____

City _____ Date _____

Georgia Bankers Association Insurance Trust, Inc. will allow continued eligibility under the medical and dental plans for up to 12 weeks, per calendar year, for a qualifying leave of absence or temporary layoff. The leaves of absence are not cumulative: Only one 12-week absence is permitted in a 12-month (calendar year) period. If the employee has not returned to work by the end of the month in which the 12 weeks leave of absence ends, coverage will be terminated on the last day of that month. GBA Insurance Trust reserves the right to request documentation of the underlying conditions giving rise to the request for the leave of absence.

Please notify the GBA Insurance Trust staff whether or not your employee returns to work. COBRA will be offered to the employee if the employee does not return to work.

The employee named above has been granted a leave of absence or has been temporarily laid off as indicated below:

_____ FMLA. The employee qualifies for FMLA leave. The Company will continue to pay the employer portion of the premium

_____ Medical or other disability. The employee is not able to perform their regular job duties for medical reasons or other disability.

_____ The Company will continue to pay the employer portion of the premium.

_____ The Company will not continue to pay the employer portion of the premium.

_____ Temporary Lay Off. The employee has been laid off temporarily in connection with the COVID-19 pandemic, with the expectation and understanding that they will be re-hired if conditions permit.

_____ The Company will continue to pay the employer portion of the premium.

_____ The Company will not continue to pay the employer portion of the premium.

I certify that the foregoing is a complete and correct explanation of the terms of the leave of absence or temporary layoff.

_____ Date: _____

Print Name: _____

PLEASE EMAIL COMPLETED FORM TO: Lee Monroe
lmonroe@gabankers.com or Jayn Lawson jlawson@gabankers.com