

# PEHP Leave Worksheet

Fill out the following information when any State of Utah employee has been approved for FMLA, will experience a gap in service, or will have a leave of absence without pay. If dates or information on this form change, you must submit a new one. Forward to PEHP at 560 East 200 South, Salt Lake City UT 84102-2004 (fax: 801-245-7577).

## Section I » Employee Information

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ EIN#: \_\_\_\_\_  
Last Day Worked: \_\_\_\_\_ Expected Day Back: \_\_\_\_\_ Agency/Dept. Name: \_\_\_\_\_

## Section II » Type of Leave

- Family/Medical Leave (FMLA), (employer pays state share medical, dental, and minimum life only).  
FMLA start date: \_\_\_\_\_ FMLA end date: \_\_\_\_\_
  - Mark box if FMLA was intermittent
- Industrial/Workers Compensation (employer pays state share medical, dental and minimum life).
- Leave without pay or unpaid leave of absence (employer pays nothing).

**Military leave (use military LWOP form)**

## Section III » PEHP Coverage Information

Employee would like to continue the following coverages:

- All available plans
- Medical (same plan)
- No coverage at this time
- Dental (same plan)
- PEHP Term Life
- PEHP AD&D
- Vision

## Section IV » Billing Information

Contributions made by the employer should be billed to:  
(please specify name and address of agency)

## Section V » Comments

Employer Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date #: \_\_\_\_\_