

State of Alaska
Military Leave Benefit Election Form (Active Duty)

Name _____ Date _____

Employee ID _____ Department _____

Effective Date of Military Leave _____

Group Health and Life Insurance Election

AS 39.20.345 authorizes an employee who is a member of a reserve or auxiliary component of the armed forces of the United States, including the organized militia of Alaska consisting of the Alaska National Guard, the Alaska Naval Militia, and the Alaska State Defense Force, and who is ordered to active duty to elect to continue to receive state group life and health benefits, including benefits for eligible dependents, for the duration of active duty, providing the employee pays the normal employee contribution under the employee's plan.

_____ I elect to continue my group health and life insurance benefits while on a leave of absence from my employment with the State of Alaska due to active military duty. I understand I am responsible for the timely payment of any associated employee premiums necessary to continue coverage. I understand that failure to provide timely payment will result in the cancellation of benefits.

_____ I elect NOT to continue my group health and life insurance benefits while on a leave of absence from my employment with the State of Alaska due to active military duty.

_____ Not applicable as I am not currently receiving health and life insurance benefits.

Leave Election

In accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994, an employee called to military service may upon request, use any accrued annual or personal leave during the period of service, in order to continue his or her civilian pay.

_____ I elect to use all accrued annual/personal leave during my absence due to military service.

_____ I elect to retain all accrued annual/personal leave during my absence due to military service for use upon my return.

_____ Not applicable as I am not currently receiving leave benefits.

I understand these are one-time irrevocable designations.

❖ Employee Signature _____

Date _____

Return this form with a copy of your military orders to your Payroll Services Section. Employees of the Governor's Office, Legislative Branch, Court System return the form and orders to your Human Resources Office.