



# Select Benefits Federal Family Leave Health Continuation Health Premium Payment

FOR OFFICE USE ONLY



Toll-Free: (800) 821-2251  
alaska.gov/drb

Division of Retirement and Benefits  
P.O. Box 110203  
Juneau, AK 99811-0203

Juneau: (907) 465-4460  
TDD: (907) 465-2805  
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## I. PERSONAL DATA

EMPLOYEE NAME (LAST / FIRST / M.I.)			SOCIAL SECURITY NUMBER	
MAILING ADDRESS (STREET OR P.O. BOX)				BARGAINING UNIT
CITY			STATE	ZIP
TELEPHONE NUMBER	DATE FAMILY LEAVE BEGAN	APPROX. DATE FAMILY LEAVE ENDS	DATE LWOP BEGINS	
DEPARTMENT/DIVISION		HUMAN RESOURCE OR PERSONNEL POC NAME	TELEPHONE NUMBER	

## II. ELECTION

I am enrolled in the Select Benefits plan and am paying my portion of my health insurance at \$\_\_\_\_\_ per month.  
I have attached a check payable to the State of Alaska for the month(s) of \_\_\_\_\_.

EMPLOYEE SIGNATURE	DATE
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## III. DRB BENEFITS USE ONLY

PAY PERIOD END DATE	AMOUNT PAID	COVERAGE FOR	AMOUNT DUE	CHECK NO.	DATE RECEIVED

COMMENTS