Request to Change Health Benefits due to FMLA

An employee may elect whether or not to retain group health plan coverage at the commencement of Family Medical Leave. When an employee returns from leave, the employee is entitled to be reinstated on the same terms as prior to taking the leave, including family or dependent coverage, without any qualifying period, physical examination, exclusion of pre-existing conditions, etc.

(PLEASE PRINT)

Leave Date: _____

Name: _____

Last 4 SS#: _____

Home Address: City: Zip: _____

Employee's Email Address: _____

Contact Numbers: Work: Home/Cell: _____ /_____

Job Title: _____

Department: _____

Indicate below which benefit/s you elect to discontinue at the commencement of FMLA by checking the box to the left. Any benefit you wish to discontinue will require completion of a change form for that specific benefit, which can be obtained from Human Resources.

- ☐ Health Insurance
- ☐ Dental Insurance
- ☐ Life Insurance
- ☐ Voluntary AD&D
- ☐ Flexible Spending

_____ _____

Employee Signature Date

Submit by Email

City of Wichita
Human Resources * City Hall * 2nd floor * 455 N. Main * Wichita, KS 67202
T 316-268-4531 * **F** 316-858-7734