**INSURANCE PREMIUM REIMBURSEMENT/WAGE DEDUCTION AGREEMENT**

**\*\*RETURN DIRECTLY TO EMPLOYER\*\***

CLIENT COMPANY

EMPLOYEE NAME EMPLOYEE ID#

Should I qualify for a leave of absence (whether under the FMLA or another type of leave), the Company will continue to provide medical benefits (i.e., health, dental, vision) for a certain period of time. In the case of leave under the FMLA, the Company will provide medical benefits for up to 12 weeks of leave. For other leaves of absence, the Company will continue to provide medical benefits for up to 30 days, unless otherwise required by law. At the expiration of the period in which medical benefits are being provided, the employee may elect to continue coverage under COBRA, if eligible.

In the event of an unpaid leave of absence, during the period of time in which the Company provides medical benefits, the Company will advance to the employee an amount equal to the employee’s normal contribution to the premium payments in order to maintain the employee’s medical insurance – unless the employee elects to pay the insurance premiums in advance or during the leave of absence. Any amount so advanced will be treated as an advance of future wages payable, and the advance will be deducted from any paychecks the employee might receive following the employee’s return from the leave of absence, as allowed by applicable law. The amount to be deducted will be [one-third of / one-half of] the amount so advanced from the employee’s [first three / first two / first] paycheck(s) following the date of the employee’s return from the leave of absence. If the employee separates from employment prior to repaying the advance in full, any unpaid balance remaining from the advance at the time of the employee’s separation from employment will be deducted in full from the employee’s final paycheck, in accordance with applicable law.

If you have any questions, please contact Engage at (888) 780-8807.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree to the following terms (Please select one of the following):

 □ 1. I will arrange to make payments to the Company as follows:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (weekly, bi-weekly, etc.) Payment Method Amount

Send all payments to the attention of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of every pay period. (specify day of week)

I understand I do not need to make my normal contribution to the premium payments in advance.

□ 2. I will NOT make arrangements with the Company. Therefore, on my return, I authorize the Company to deduct all owed premiums from my future paychecks according to the schedule below. I understand that these payments will be considered an advance of future wages. I also understand that this may leave me with a balance of zero ($0) in my paycheck and that the deductions may occur over more than one pay period. If I separate from employment prior to repaying the advance in full, any unpaid balance remaining from the advance at the time of my separation will be deducted in full from my final paycheck, in accordance with applicable law. If any amount is still owed, I will repay the Company the remaining balance owed from the advance within thirty (30) days of my separation from employment.

Payroll Deduction Authorization Schedule:

|  |  |
| --- | --- |
| Total Amount of Deduction |  |
| Amount of Deduction per Pay Period |  |
| Payroll Deduction Start Date |  |

NOTE: Any employee who does not return this Agreement will be deemed to have elected not to make a payment arrangement with the Company (option 2 above).

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Employee Signature | \_\_\_\_\_\_\_\_\_\_Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Company’s Authorized Representative | \_\_\_\_\_\_\_\_\_\_Date |