

HR The Office of Human Resources at Dartmouth College

7 Lebanon Street • Suite 203 • Hanover • New Hampshire • 03755-2112

APPLICATION FOR HIATUS EMPLOYEE LEAVE

*Hiatus Employee = Biweekly paid employee who holds a regular benefits eligible position that is less than 12 months each year.
Amortizing Benefits = Paying full cost of benefits for the hiatus period, during the 9, 10 or 11 months that you are actively working.*

DO YOU AMORTIZE YOUR BENEFITS?

- Yes, If you amortized benefits this year, you do not need to complete this form.
- No, If you are new to Dartmouth and/or did not amortize your benefits this year, complete this form and give it to your Supervisor, prior to the start of your leave. **Sections 1, and 2 are to be completed by the employee.**

1. EMPLOYEE: Please complete this form prior to departing for your hiatus period.

Name: _____ Dart ID: _____

Position: _____ Department: _____ Telephone: _____

Expected date to begin leave [mm/dd/yyyy]: _____ Expected date of return [mm/dd/yyyy]: _____

Employee Signature: _____ Date: _____

2. BENEFIT ELECTIONS WHILE ON HIATUS:

While on Hiatus, you have the option to **continue** your benefits or **cancel** them. Upon return, your benefits will automatically return to what you had prior to your departure.

I wish to **CONTINUE** the following benefits

Medical Dental Employee Life Insurance Dependent Life Insurance

I understand that I am responsible for the full cost of the premium (**no medical credit will be received during this leave**). I agree to pay promptly and in full for any amounts billed monthly. Upon my return, if there is any outstanding balance, I authorize the College to collect overdue amounts through payroll deduction.

Signature required for monthly billing: _____ Date: _____

I wish to **CANCEL** the following benefits:

Medical Dental Employee Life Insurance^A Dependent Life Insurance
 Health Care FSA^B Dependent Care FSA^C Long Term Disability^D

- A. Cancelling life insurance will require re-application and approval from MetLife upon your return.
B. You may not contribute to a Health Care FSA on a post-tax basis. This benefit will be recalculated and reinstated upon your return.
C. Per IRS regulations, you may not contribute to a DCFSA when not actively working. This benefit will be recalculated and reinstated upon your return.
D. Disability benefits are not enforceable when not actively working. This benefit will be reinstated upon your return.

Signature for cancelling benefits: _____ Date: _____

Please ensure that your legal mailing address is current at <http://employee.dartmouth.edu>

3. DEPARTMENT AUTHORIZATION: Supervisors, please sign and return to the Human Resources Benefits Office. If you have any questions, please contact Human Resources Benefits at 603-646-3588.

Name: _____ Signature: _____ Date: _____