BENEFITS WHILE ON LEAVE

Return completed BWOL form to your local McLane HR Department, not AbsenceResources

TEAMMATE NAME		TEAMMATE ID#	DATE OF HIRE
DIVISION #	DEPARTMENT	POSITION	MANAGER

LEAVE REQUEST Teammates-select the leave type and enter the estimated leave dates requested:

☐ Family Medical Leave Act(FMLA) ☐ Medical Leave ☐ Personal Leave(non-medical) ☐ USERRA(Military)

If you would like a printed copy of the McLane LOA or STD policies, please request a copy from your local HR Department.

Estimated Leave Dates: From _____ **To** _____

BENEFIT OPTIONS (does not apply to 401k plan) Teammates-click on the box of your choice or to acknowledge.

☐ **Option 1: Pay upon return.** Benefit premiums will be deducted from any McLane pay received during leave, including paid time-off and short-term disability. I elect to have any missed deductions taken from my pay check when I return to work. I understand that the current benefit deduction plus one missed deduction will be taken out of each paycheck until the balance is paid off. **Default Election.**

☐ **Option 2: Pay while on leave.** Benefit premiums will be deducted from any McLane pay received during leave, including paid time-off and short-term disability. I elect to continue to make my benefit payments while on a Leave of Absence, understanding that if I miss any payments they will automatically go into arrears. **I will receive instructions one time from Corporate Benefits on making benefit premium payments while on leave.** When I return to work the current benefit deduction plus one missed deduction will be taken out of each paycheck until the balance is paid off, if applicable.

☐ **Option 3: Terminate benefits.** I elect to terminate all or some of my benefits while on a Leave of Absence (my qualifying event). Once I return to work (qualifying event) I understand that I must re-enroll within 30 days to start my benefits. **I understand that if I elect Option 3 and then terminate while on leave I am not eligible for COBRA benefits.**

☐ Medical ☐ Dental ☐ Vision ☐ Legal ☐ Accident ☐ Hospital ☐ Critical Illness ☐ *Life Insurance ☐ *Spouse Life ☐ Child Life

☐ *Long-Term Disability ☐ *Voluntary AD&D

☐ ***I understand that if I stop Life Insurance, Spouse Life, or Long Term Disability I will have to complete Lincoln's Evidence of Insurability form and be approved by Lincoln before those benefits will be restarted.***

ACKNOWLEDGMENTS:

I understand and acknowledge that the following provisions apply to the leave I am requesting:

- It is my responsibility to contact AbsenceResources and my Human Resources Department regarding the leave I am requesting.
- Documentation may be required to support the need and the eligibility for leave.
- If I chose Option 3 to terminate benefits while on leave I understand it means I will not have coverage for those benefits until I re-elect benefits upon my return from leave (my qualifying event).
- If I do not return to work in accordance with applicable statutes and Company Policies I may be subject to termination.
- I understand being on leave for a total of 28 or more days, added together in the calendar year, will decrease my available vacation in the new year.
- I understand being on leave may affect any incentive or bonus for which I am eligible. I will contact my supervisor or HR Manager for more information.
- It is my responsibility to keep in contact with my supervisor, HR Manager, and AbsenceResources as to my status throughout my leave.
- I understand that I am responsible for the repayment of benefit premiums that are outstanding, even upon my termination.

_____ _____

Teammate Signature **Date Signed**

DIVISION RESPONSIBILITY:

☐ Give teammate a New Leave Kit with information on contacting AbsenceResources
☐ Send the completed BWOL form to the FMLA email box at **FMLA@mclaneco.com**
☐ Confirm Benefits While on Leave form is scanned and uploaded into Workday
☐ Verify the teammate contacted AbsenceResources when reviewing the weekly AbsenceResources reports.
☐ Verify the teammate's Workday status matches the dates and leave reason provided by AbsenceResources

_____ _____

Supervisor / Manager Signature **Human Resource Manager Signature**

_____ _____

Date Signed **Date Signed**