

OAKLAND COUNTY

Supplemental Information Form for Disability

Our Disability Income Protection Insurance allows employees to supplement their 60% disability pay with their leave banks to receive up to 100% of pay.

Employees are strongly encouraged to supplement their disability pay which will help cover your bi-weekly healthcare contributions during your disability. **If you choose not to supplement to cover your contributions while on approved disability leave, the contributions will be deducted from your future County paychecks upon your return. In the event you do not return to work, you are required to pay missed contributions by direct payment to the County.**

I WANT TO SUPPLEMENT

I **DO NOT** WANT TO SUPPLEMENT
(Please sign below and return to timekeeper)

Please indicate the leave banks to supplement with below:

- Personal Leave
- Annual Leave
- Floating Holiday
- Sheriff's Holiday Leave (Only applies to Sheriff employees in Bargaining Units #9, 10 & 15)

NOTE: Leave will be used from the leave bank you have checked in the order they are listed. If you want banks used in a different order, please indicate the order you wish them to be used.

Please indicate percentage to supplement below:

- 8% 3.2 hrs/week*
- 16% 6.4 hrs/week
- 24% 9.6 hrs/week
- 32% 12.8 hrs/week
- 40% (Standard) 16.0 hrs/week

ATTENDANCE CODED AS: <i>(based on an 8 hour workday)*</i>
0.64 hrs/day leave banks, 7.36 hrs/day STD
1.28 hrs/day leave banks, 6.72 hrs/day STD
1.92 hrs/day leave banks, 6.08 hrs/day STD
2.56 hrs/day leave banks, 5.44 hrs/day STD
3.2 hrs/day Leave Banks, 4.8 hrs/day STD

**Hours per day will be different if you are on a 4/40 work schedule.*

NOTE: You may change your decision to supplement (or change your supplement percentage) during your disability by notifying your department timekeeper in writing.

I authorize Oakland County to use the leave banks in the percentages indicated above to help cover any contributions I am responsible for while on my approved disability. Should my leave banks be exhausted while on the approved disability my contributions will be accrued and I will be responsible for paying all arrearages from future paychecks (MR 22.2.3.8) or in the event of separation from employment, by direct payment to the County. All accrued arrearages will be collected at a maximum rate of 20% of my gross income per pay period. Pre-tax balances will be collected first; any remaining amount will then be deducted from post-tax balances (if applicable).

Signature: _____

Date: _____

Print Name: _____

Employee ID# _____

RETURN THIS FORM TO YOUR DEPARTMENTAL TIMEKEEPER