

File

STA BENEFIT TRUST MATERNITY LEAVE INFORMATION

It is extremely important that you keep the Benefit Trust fully informed regarding your child care leave and your work plans so that you are not removed from any benefit programs to which you are entitled. We also need this information so that we can forward appropriate forms to you should you desire to COBRA any benefits. Therefore, please complete this form and return it **as soon as possible!** Return to your building Trust rep or to Bob Bowler; 40 Woodland Drive; Salt Point, N.Y. 12578. There are strict deadlines for applying for COBRA, so don't delay completing this form.

Name: _____ Building: _____

Address: _____

Phone #: _____

Last day of work: _____

Expected Date of Delivery: _____

When do you plan to return to work? _____

If you plan to use FMLA, how many days do you plan to use? _____

Start Date of FMLA: _____

Last date of FMLA: _____

Date your District MEDICAL benefits end: _____

How many sick days, if any, do you plan to use? _____

Do you want information on COBRA for your dental and/or your vision plans? _____

Other information if appropriate _____

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