PartnerRe

Employee Work Status Form

Group Name: _____

Employee Name: _____

Has the employee missed any work due to any illness/injury within the last 12 months? Yes ☐ No ☐ If Yes:

A. What was the last day the employee was actively at work? _____

B. What is the date the employee returned to work? _____

C. What is the employee Hire Date? _____

D. What is the Original Effective Date of Coverage? _____

For the time missed from work, the number of sick days used? _____

Please indicate the dates that sick time was used: _____

For the time missed from work, the number of vacation days used? _____

Please indicate the dates that vacation time was used: _____

How is the employee's coverage being continued under the plan during his/her illness or injury? (Please check one)

☐ Employee actively at work

☐ Employee Retired Date Retired: _____ Premiums paid by: ☐ Employer ☐ Employee

☐ Family Medical Leave Act (FMLA) FMLA effective: _____ FMLA ended: _____

Hours scheduled to work: _____

☐ Medical/Disability Leave of Absence (LOA) LOA effective: _____ LOA ended: _____

☐ COBRA effective: _____ COBRA ended: _____ Qualifying event _____

Premiums paid through: _____

Please attach supporting documentation if employee is on FMLA, LOA or COBRA, including any of the following that apply:

- *Employee handbook which explains the FMLA/LOA options*
- *Proof of premium payments during leave*
- *COBRA election form*
- *Proof of COBRA premium payments*

Signature: _____ Date: _____ Title: _____

This form contains personal and Protected Health Information under HIPAA and may be transmitted only in a HIPAA compliant medium. DO NOT SEND VIA AN UNSECURED E-MAIL TRANSMISSION.

NSURANCE FRAUD WARNING: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an pplication or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading of insurance fraud and is subject to criminal and/or civil penalties as defined by your state statutes.

PartnerRe America Insurance Company

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