



**MARTIN COUNTY SCHOOL DISTRICT  
RISK & EMPLOYEE BENEFITS LEAVE TOOLKIT**



**CONTACT INFO**

**(772) 219-1200**

**Sandy Eckhardt, Benefits Administration Specialist  
Primary Leave Contact**

EXT. 30478 / [eckhars@martinschools.org](mailto:eckhars@martinschools.org)

**Jamie Hickey, Benefits Specialist**

EXT. 30386 / [hickeyj@martinschools.org](mailto:hickeyj@martinschools.org)

**Pam Kimberlin, Benefits Specialist**

EXT. 30247 / [kimberp@martinschools.org](mailto:kimberp@martinschools.org)

**Julie L. Sessa, MPA, ARM, SPHR, Coordinator of Risk & Employee Benefits**

[sessaj3@martinschools.org](mailto:sessaj3@martinschools.org)

**Donna Wilson, On-Site Florida Blue Representative**

EXT. 30313 / [donna.wilson@bcbsfl.com](mailto:donna.wilson@bcbsfl.com)

**Don Calderone, Risk & Employee Benefits Specialist**

EXT. 30262 / [calderc@martinschools.org](mailto:calderc@martinschools.org)

**Carol Paul, Risk Specialist**

EXT. 30206 / [paulc@martinschools.org](mailto:paulc@martinschools.org)

**Martin County School District  
Risk & Employee Benefits Department  
1939 SE Federal Highway, Stuart, FL 34994  
Fax (772) 219-1226  
[benefitshotline@martin.k12.fl.us](mailto:benefitshotline@martin.k12.fl.us)**

**Employee Benefits Information**  
**Utilizing an approved Leave of Absence may have an impact on your benefits.**

**SECTION I**

**FMLA LEAVE – LEAVE WITH BENEFITS**

Martin County School District (MCSD) will continue to pay the employer's contribution for your insurance coverage's for up to 12 weeks (60 working days) while you are on approved FMLA leave. However, you are responsible for paying the employee cost for any coverage's you have elected for yourself and, if applicable, your family.

Based on the FMLA leave dates provided by Human Resources, the Benefit Office will calculate the "guesstimated" amount of missed deductions for the duration of your FMLA leave. This amount will be deducted from one (1) of your last paychecks from Payroll prior to your leave. If your leave dates change and you go out early, or sufficient funds are not available to collect all of the deductions owed, you will be responsible for paying the additional cost for your insurance by the first of the month the premium is missed and due. Elections due to a Qualifying Event (adding family coverage), may have additional premium deductions that you will be responsible to pay. This payment will ensure that your insurance will remain in effect for the duration of your FMLA leave. Payment can be made by check or money order (cash payments are not accepted) to the address below. Please include your Employee ID on the check.

**Make payment to:** Martin County School District (MCSD)  
**Mailing Address:** Risk & Employee Benefits Office  
500 East Ocean Boulevard  
Stuart, FL 34994.

**SECTION II**

**FFCRA LEAVE – COVID 19**

*If you qualify for an FMLA leave, (See Section I) and are approved for a FFCRA COVID-19 leave, these leaves will run concurrent\* (at the same time).*

**The Families First Coronavirus Response Act: Employee Paid Leave Rights**

The Families First Coronavirus Response Act (FFCRA or Act) requires MCSD to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's (Department) Wage and Hour Division (WHD) administers and enforced paid leave requirements under the new law. These provisions will apply from the effective date through December 31, 2020.

Employees are eligible for:

*If you do not qualify for an FMLA leave, (See Section III), **are not in a paid status**, and not able to return to work within the month in which you begin your Non-FMLA leave, your benefits will end at the end of the month.*

- **Two weeks** (up to 80 hours) of paid sick leave at the employee's **regular rate of pay**, where the employee is **unable to work** because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a healthcare provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
- **Two weeks** (up to 80 hours) of paid sick leave at **two-thirds the employee's regular rate of pay** because the employee is **unable to work** because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a healthcare provider), or to care for a child (under 18 years or age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and
- **Up to an additional 10 weeks** of paid expanded family and medical leave at **two-thirds the employee's regular rate of pay** where an employee, who has been employed for at least 30 calendar days, is **unable to work** where an employee, who has been employed for at least 30 calendar days, is **unable to work** due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

### **SECTION III**

### **NON-FMLA LEAVE - LEAVE WITHOUT BENEFITS**

If you go out on an approved Non-FMLA leave, all of your benefits will end as of the last day of the month in which you go out on leave (**if you are in an unpaid status and do not return to work on or before the last working day of that month**). You will be offered COBRA to continue coverage by paying the group COBRA rate(s) while you are out. A COBRA notice, with an application and rates, will be mailed to you upon the expiration of benefits. If you wish to continue coverage, you will need to complete the COBRA application, follow instructions for acceptance of coverage and pay the premiums directly to the COBRA administrator, Discovery Benefits.

If your benefits terminate, due to a leave of absence without benefits, you may be eligible to convert any or all of your Life Insurance (basic, supplemental, dependent supplemental) & Long-Term Disability benefits, currently in effect, into an individual policy. If you are interested in keeping these policies, you must contact the Risk & Benefits Department **immediately**. The Life Insurance application and payment **must** be received by The Hartford Insurance Company, Inc., and the Long Term Disability Insurance application and payment **must** be received by The Standard within **30 days** after your insurance terminates.

***Obtaining, completing and mailing the application are the responsibility of the employee. Late applications will not be processed if received beyond the 30 days of coverage termination.***

### **SECTION IV**

### **MATERNITY LEAVE & ADDING THE NEW DEPENDENT(S)**

**Newborns will be covered under your District medical plan, for the first 30 days from birth, with no charge as long as you contact the Risk & Benefits Department within 30 days for this coverage to be added.** If you wish to enroll the baby and other eligible dependents to your coverage(s), please read below:

**If you do not have family coverage and only want to cover your dependent children**→ You may enroll the new baby, as well as other eligible dependent children, within 30 days of the birth of the baby. If you do not complete the enrollment for the baby/other dependent children within 30 days from the date of birth, you will not be able to add them until the next Open Enrollment period unless you have another qualifying event. NOTE: You will be required to pay the Employee + Children premium (see the Benefit Highlights Booklet for rates) from the date the insurance coverage is added. (Back to the date of birth)

**If you do not have family coverage and want to add a spouse and dependent children**→ You may enroll the new baby, as well as other eligible dependents, within 30 days of the birth of the baby. If you do not complete the enrollment for the baby/other dependents within 30 days from the date of birth, you will not be able to add them until the next Open Enrollment period unless you have another qualifying event. NOTE: You will be required to pay the Employee + Family premium (see the Benefit Highlights Booklet for rates) from the date the insurance coverage is added. (Back to the date of birth)

**If you already have dependent children coverage**→Be sure to complete the QE within 30 days to add the baby as a new dependent. There is no increase in your dependent children premium when adding the baby to your existing family coverage.

**If you already have family coverage**→Be sure to complete the QE within 30 days to add the baby as a new dependent. There is no increase in your family premium when adding the baby to your existing family coverage.

All options are done by logging into BenteK, the online enrollment system at [www.myBentek.com/sbmc](http://www.myBentek.com/sbmc) Click the Menu box in the upper left corner. Chose the Employee Benefits Center then *Qualifying Event*. You will need the SSN and date of birth for all dependent(s) you are adding (**enter 000-00-0000 for the new baby's social security number only**). A copy of the new baby's birth certificate and all other dependent documentation is also required for coverage to be approved.

Visit [www.martinschools.org](http://www.martinschools.org) →Employee Resources→ Benefits (Employee) →Benefit Changes (When and How) for further assistance.

## **SECTION V**

### **WORKERS COMPENSATION LEAVE**

Employees on Workers Compensation (W/C) Leave receive MCSD paid benefits up to six (6) months. However, you are still responsible for paying your cost for any coverage(s) you have elected for yourself and, if applicable, your family.

If you go out on Workers Compensation (W/C) leave and stay out the full six months and are not able to return to work at the end of the 6 months, all of your benefits will end as of the last day of the month in which your (W/C) leave expires. You will be offered COBRA to continue coverage by paying the group COBRA rate(s) while you are out. A COBRA notice with an application and rates will be mailed to you upon the expiration of benefits. If you wish to continue coverage, you will need to complete the COBRA application, follow instructions for acceptance of coverage and pay the premiums directly to the COBRA administrator, Discovery Benefits.

*Failure to pay missed insurance premiums will result in suspension and/or cancellation of coverage retro to the last paid month of coverage*

## **SECTION VI**

### **RETURN TO WORK BEFORE FMLA OR WORKERS COMPENSATION (W/C) LEAVE ENDS**

If you are on a FMLA Leave or Workers Compensation Leave and return to work before your leave expires, your benefits will continue and payroll deductions will automatically start again when you receive your regular paychecks as long as you have paid your cost for any coverage(s) you have elected for yourself and, if applicable, your family. **Please reach out to the Benefits Department if you return to work early!**

## **SECTION VII**

### **RETURN TO WORK AFTER YOUR BENEFITS END**

If you return to work after your benefits have ended (*after expiration of your FMLA leave, after an approved Non-FMLA leave, OR after 6 months of W/C leave*), you will be required to re-elect benefits within 30 days of returning to work. If you fail to re-enroll in your benefits, you will automatically be assigned the Employee Assistance Program (EAP) employee only, at no cost to you. **Benefits become effective on the first of the month following a 30-day waiting period.** You will not have the opportunity to add, change or cancel your benefits until the next annual Open Enrollment period unless you experience a Qualifying Event. All benefits, including Supplemental insurances (example AFLAC or Disability), FSA, and HSA elections must also be re-elected upon return to work.

## **SECTION VIII**

### **OTHER BENEFITS WHILE ON LEAVE**

#### **Life Insurance**

Any employee, on any type of leave from work (not actively at work), will not be covered under the Accidental Death & Dismemberment (AD&D) benefit through The Hartford. The AD&D benefit will be effective upon the end of the first work day in which the employee has returned to work for the MCSD. **(See Section III about converting if benefits end)**

#### **Short Term/Long Term Disability (if applicable)**

To file a claim, please call The Standard at 1-800-628-8600 or access the website at [www.standard.com](http://www.standard.com). If you have Short Term Disability (STD) coverage, benefits begin after you have been disabled for 14 continuous days (waiting period). If you have Long Term Disability (LTD) coverage, benefits begin after you have been disabled for 90 continuous days (waiting period). **Disability begins the first day out when you are no longer able to work and cannot perform the duties of your normal job as declared by a doctor.**

## SECTION VIII (cont.)

### OTHER BENEFITS WHILE ON LEAVE

#### Short Term/Long Term Disability (if applicable)

Disability payments are equal to approximately 60% of your pre-disability earnings and are based on the number of days in your normally scheduled work week up to the maximum benefit amount based on your total compensation. Disability insurance coordinates with the District's Sick Leave benefits and is reduced by any amounts payable to you from other sources of income such as sick leave, sick bank, vacation, other District leaves, social security & workers' compensation. (Please refer to your Employee Benefit Highlights Booklet for Disability Insurance amounts and additional information). STD benefits can continue for up to 13 weeks (*including the waiting period*) as long as you qualify as disabled. LTD maximum benefit period is determined based on your age at the time of disability and may continue up to 36 months.

**NOTE:** Disability due to maternity, please note the industry standard to be considered disabled is up to 6 weeks for a standard delivery and up to 8 weeks for a Cesarean-section delivery.

#### AFLAC Supplemental Insurance (if applicable)

If you have an AFLAC policy, you may have claims that you can submit relating to your illness or pregnancy. To file a claim, refer to your Employee Benefit Highlights Booklet Resource Page for the contact telephone number or website information. You may access claim forms by visiting [www.martinschools.org](http://www.martinschools.org) → Employee Resources → Benefits (Employee) → AFLAC. Be sure to scroll to the bottom of the webpage for the claim forms. You may also access form by logging into BenteK and accessing the forms in the Employee Benefit Center.

#### EAP – Employee Assistance Program (Cigna)

The District cares about the well-being of all employees on and off the job and provides, at no cost to benefit-eligible employees, a comprehensive EAP program through Cigna. EAP offers employees and family members free and convenient access to a range of confidential and professional services to help address a variety of issues that may negatively affect an employee or family member's wellbeing. Coverage includes five (5) face-to-face visits with a specialist, per person, per issue, per year. Services include phone crisis intervention and referrals to outside resources when necessary. Examples of confidential services are:

- Anxiety
- Legal & Financial Concerns
- Depression
- Life Improvement
- Family and/or Marriage Concerns
- Debt Counseling
- Substance Abuse

Counselors are professionally trained and certified in their fields and available 24 hours a day, 7 days a week. Simply call 877-622-4327 or access the website [www.mycigna.com](http://www.mycigna.com). If asked for an employee ID—mcsd

## SECTION VIII

### UNPAID LEAVE AND PAYROLL

FMLA and Non-FMLA leaves of absence require approval and are considered unpaid and begin with the first day out. You may have sick time/PTO etc. that will run concurrent\* with your FMLA or Non-FMLA leave. When an employee exhausts all available sick time/PTO and goes out on leave, the employee will be placed into an unpaid status. The timing of the last paid day will impact the amount and payment date of the employee's final paycheck. Please contact Human Resource Specialist, Vanessa Leyland for further information and how to apply for a leave of absence.

Employees should contact the Payroll Department at the time they apply for either a FMLA or Non-FMLA leave of absence to receive an estimate of the impact to their paycheck. Contact the Payroll Department via email at [paycheckhotline@martin.k12.fl.us](mailto:paycheckhotline@martin.k12.fl.us) or by phone at 772-219-1200 ext.: 30234, 30233, 30232, and 30213.

The following FAQs are to help answer questions about your employee benefits while on a leave of absence. Please feel free to contact the Risk & Benefits Department with any other questions you may have about your benefits.

Questions regarding your leave of absence should be directed to Human Resources. Questions regarding your pay should be directed to Payroll.

**(FMLA) or Approved Leave of Absence**  
**FREQUENTLY ASKED QUESTIONS AND ANSWERS**

1. **How to I file for a leave of absence?** *See the detailed directions and screenshots on page 8*
2. **How will I know if my leave of absence has been approved?** *Log into Skyward and review the Task History to see who is reviewing your request.*
3. **What happens if I need to change the dates for my leave after I have filed my leave in Skyward?** *Please email/phone Vanessa Leyland, HR Specialist and she will be able to change your dates. You also need to contact your work site supervisor and the Risk & Benefits Department to provide updates about your dates.*
4. **What happens to my benefits when I go out on Leave?** *If you are on approved FMLA leave, the District will continue your benefits and pay the employer's contribution for your insurance cost of benefits up to 12 weeks (60 calendar working days). However, you will be required to submit payment for your share of the insurance premiums. Failure to pay missed insurance premiums will result in suspension and/or cancellation of coverage retro to the last paid month of coverage.*
  - a. *If you are on a Non-FMLA leave, your benefits will end at the end of the month in which your leave begins (If you are in an unpaid status and you do not return to work on or before the last working day of that month). Review your work calendar for those dates.*
5. **What happens when my coverage ends?** *You will be sent a COBRA package which allows you options to elect and continue your insurance coverage(s). The COBRA package, application and rates will be mailed to you from Discovery Benefits automatically so you don't need to request the packet. Inside the COBRA package are, an application, rates and payment information.*
6. **How do I know how much I will owe and who to send the payments to?** *You may log into Bentek, the online employee benefit system, and click on the Menu Box in the upper left hand corner. Chose the Employee Benefits Center and click on Summary of Elections. You per-paycheck deductions are listed on your enrollment summary. Once you leave has been approved, upon request, the Risk & Benefits Department can (e)mail you a personalized leave worksheet informing you of your insurance coverage(s) and payment requirements when going out on leave. Please contact HR directly for detailed information about your leave of absence.*
7. **Can I add my new baby to my policy?** *Yes, your new baby may be enrolled on your plan within 30 days from the birth by logging into Bentek ([www.myBentek.com/sbmc](http://www.myBentek.com/sbmc)), the online employee benefit system and clicking on the Menu Box in the upper left hand corner. Chose the Employee Benefits Center and click on Qualifying Life Event.*

8. **Can I add other family members to my policy at the same time I add my baby?** *Yes, you can add your spouse or other dependent children at the time you add your new baby under the Qualifying Life Event.*
9. **What happens to my benefits if I don't come back from leave after my FMLA expires?** *If you continue on an extended leave, your benefits will end the last day of the month your approved FMLA leave ends. You will be offered COBRA if you wish to continue your insurance coverage(s). A COBRA package will be mailed to you automatically if you do not return to work.*
10. **I have Disability (Short-Term and/or Long Term) insurance, how do I file a claim?** *Disability claims can be filed by calling The Standard at 1-800-628-8600 or by visiting their website at [www.standard.com](http://www.standard.com). Call as soon as you are starting your leave.*
11. **How much will I receive in Short Term Disability payments and when will I receive payment?** *Short Term Disability payments begin after you have been disabled for 14 continuous days and coordinates with the District Sick Leave, Sick Bank, Vacation and calendar work schedules. Payments are equal to approximately 60% of your weekly pre-disability earnings, up to the Maximum Weekly Benefit amount. (Please refer to your Employee Benefit Highlights Booklet for Maximum Weekly Benefit amounts.)*
12. **How much will I receive in Long Term Disability payments and when will I receive payment?** *Long Term Disability payments begin after you have been disabled for 90 continuous days and coordinates with the District Sick Leave, Sick Bank, Vacation and calendar work schedules. Payments are equal to approximately 60% of your monthly pre-disability earnings, up to the Maximum Monthly Benefit amount. (Please refer to your Employee Benefit Highlights Booklet for Maximum Monthly Benefit amounts.)*
13. **If my doctor says I need to quarantine due to COVID-19, because of health reasons and I have proof from my doctor, what do I do?** *File for a leave of absence in Skyward. See page 8 to learn how to file for a leave of absence. Provide the necessary documentation. Review Section II for possible payment status. If you remain in a paid status for your leave of absence, there is no impact to your benefits. Review Section I for FMLA and Section III for non-FMLA and to understand your financial responsibilities regarding your benefits. .*

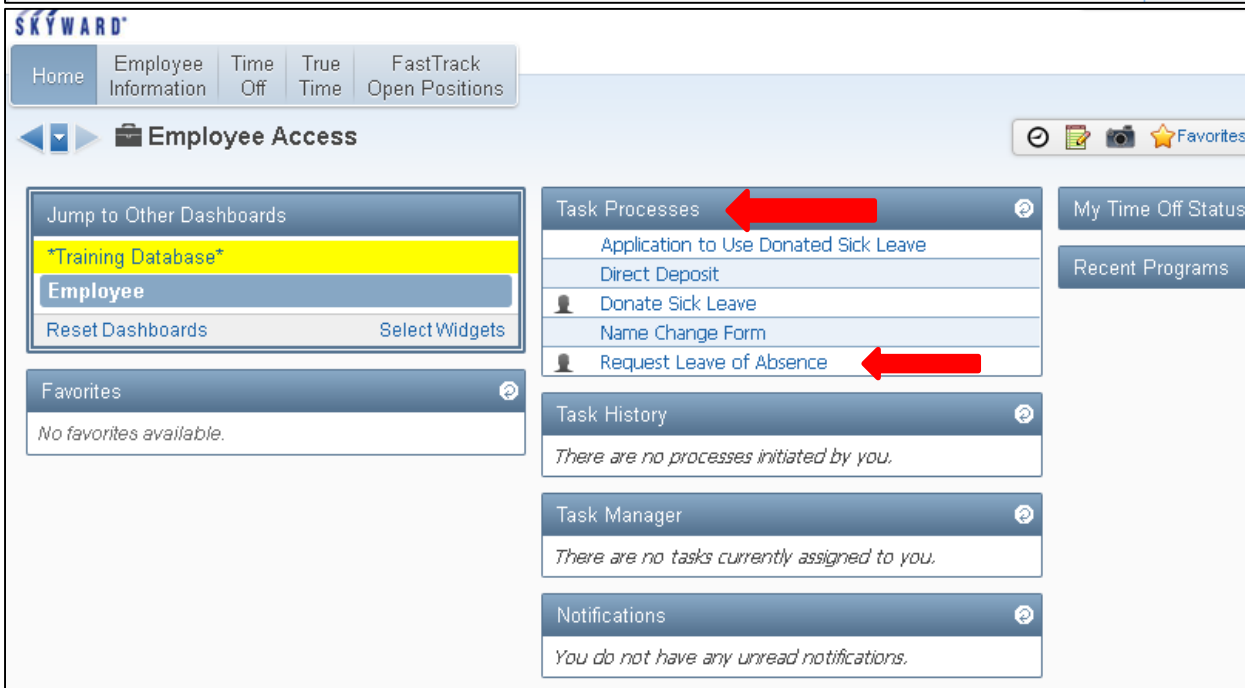
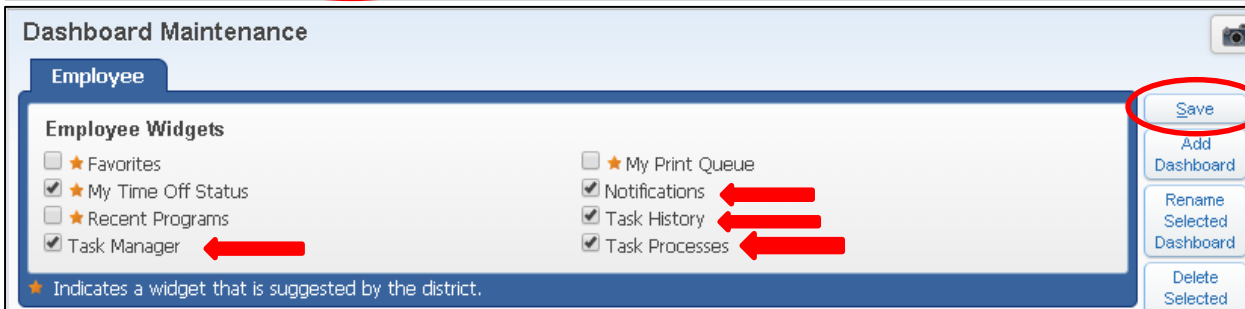
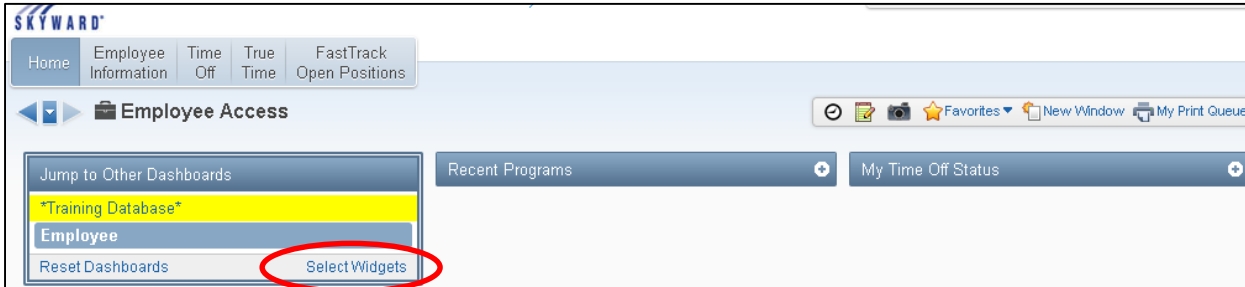
**NOTE:** It is important to remember, FMLA and Non-FMLA (Extended leaves) are unpaid. Using FFCRA COVID 19, sick time, sick bank and or vacation time will allow you to remain in a paid status while on an FMLA or Non-FMLA leave. Your leave of absence will run concurrent\* with any FFCRA COVID 19 paid employee leave, utilization of your sick time, utilization of sick bank and or utilization of your vacation time.

**\*Concurrent** – existing, happening or occurring at the same time (simultaneously)

If at any time during your leave of absence you have benefit related questions, please do not hesitate to contact a member of the Benefits Team. (Use the front cover for a list of Team members and their contact info.)

# Submitting an Extended Leave of Absence Request in Skyward (Replacing Form 1299)

1. Login to Skyward.
  - If you don't know your username and password, contact the Help Desk at extension 30359.
2. On your Skyward Home screen find Task Processes and click on Request Leave of Absence.
  - If you don't see Task Processes, you may need to enable your widgets.



3. Enter your name in the Employee field (start typing your last name to find in the dropdown list).



### 1. Select Employee

Type the last name of the person requesting leave and select the correct name from the drop down list. Complete this form to request a leave of absence. You must attach supporting documentation about the reason for your leave, i.e. FMLA paperwork completed by your physician. If you don't yet have the paperwork to attach, add a Note explaining what you are going to provide and when. Lack of documentation will delay your leave request being approved. You do not need to fill out this form if requesting annual leave (vacation). Additional information about leaves of absence can be found on the Human Resources webpage at [www.martinschools.org](http://www.martinschools.org).

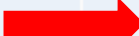
Employee:

4. Click Next at the bottom right of the screen.
5. Click Open to fill out the leave request form.

### 2. General

Type the last name of the person requesting leave and select the correct name from the drop down list. Complete this form to request a leave of absence. You must attach supporting documentation about the reason for your leave, i.e. FMLA paperwork completed by your physician. If you don't yet have the paperwork to attach, add a Note explaining what you are going to provide and when. Lack of documentation will delay your leave request being approved. You do not need to fill out this form if requesting annual leave (vacation). Additional information about leaves of absence can be found on the Human Resources webpage at [www.martinschools.org](http://www.martinschools.org).

#### Custom Forms

Custom Profile   Leave of Absence   Leave of Absence Request        Complete

6. Once finished filling out the form in its entirety, click Save and form will close.
7. Click checkbox next to Complete
8. Click Next at the bottom of the screen.
9. Add comments if necessary by clicking Add

### 3. Notes


*There are no records to display; check your filter settings.*

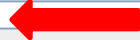
10. Click Next
11. Add Attachments necessary to justify your leave request.

### 4. Attachments

| Description   | Step | Inputted File | Date Modified |
|---|------|---------------|---------------|
| <i>There are no records to display; check your filter settings.</i> |      |               |               |

### Attachments

\* File Name:   

\* Description:  


12. Click Next
13. Click the button to send the request to the person in the next step of the process.

### 5. Choose Next Task

Select the Next Task

Select the button below to create the Next Task:

14. To see your task in progress, from your Skyward Home screen find Task History. Click on the + next to the date to see who is reviewing your request.

| Task History   |  |
|--|--|
| Created  | Process Description                      |
|  Wed Apr 08 9:30am | <a href="#">Request Leave of Absence</a> |

**Review and Approval process:**

- Site secretary
- Site supervisor
- HR Specialist
- HR Administrator
- Superintendent or designee
- School Board (for unpaid leaves greater than 21 days)