Sample Letter

**Uniformed Services Employment and Reemployment Rights Act (USERRA) Continuation Coverage during Military Leave Without Pay (LWOP)**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), you may continue your Commonwealth of Virginia Employee Health Benefits Program coverage for yourself and your covered family members for up to 24 months while on Military LWOP. During your time on Military LWOP, the state will continue to contribute toward your health benefits coverage for up to 24 months. You may also continue to make an annual election for a Healthcare Flexible Spending Account (FSA) during that period. The Dependent Care FSA may be continued only until the end of the current plan year.

You are enrolled in **(plan name)**, **(membership level)** at a monthly cost to you of

$\_\_\_\_\_\_\_\_\_\_\_\_\_. Your Healthcare FSA contribution **(if applicable**) is $\_\_\_\_\_\_\_\_ per month, plus the administrative fee of $3.65. If you choose to continue coverage, your first payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_ is due on \_\_\_\_\_\_\_\_\_\_\_\_\_ and on the first of each month thereafter, with a 30-day grace period. Please send the payment to **(Name of agency representative, agency name and address)** and make your check payable to **(Treasurer of Virginia or Agency)**. Payments must be made timely. Coverage will be canceled retroactively to the end of the month for which payment in full was received, and funds paid on claims after that termination date will be recovered.

You may also reduce your membership, waive coverage and cancel your FSA enrollment prospectively by submitting a request to your agency Human Resources Office within 60 days of the beginning of your leave. Your change will be effective the first of the month following receipt of your request. If you choose to continue active coverage during Military LWOP, you retain the same rights as active employees for these benefits, including Open Enrollment elections and changes based on Qualifying Midyear Events.

If you have any questions, please contact your agency Human Resources Office at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Sincerely,