



Select Benefits Federal Family Leave Health Continuation Health Premium Payment

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
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PERSONAL DATA

Employee's Name	Last	First	M.I.	Social Security Number	Bargaining Unit
Mailing Address (Street or P.O. Box, City, State, ZIP)					
Telephone Number	Date Family Leave Began	Approx. Date Family Leave Ends		Date LWOP Begins	
Department/Division		Human Resource or Personnel POC Name		Telephone Number	

ELECTION

<input type="checkbox"/> I am enrolled in the Select Benefits plan and am paying my portion of my health insurance at \$_____ per month. I have attached a check payable to the State of Alaska for the month(s) of _____ _____	
Employee Signature	Date

BENEFITS USE ONLY

Pay Period End Date	Amount Paid	Coverage For	Amount Due	Check No.	Date Received

Comments