

BENEFITS DEDUCTIONS – DIRECT PAY FORM INSTRUCTIONS

Direct pay for benefits coverage may be made by the following:

- a Board or Commission member in order to be eligible for these benefits; or
- a State employee who is on approved, extended leave for more than one (1) pay period

Purpose – This form is to be used by the agency for any Board/Commission member who elects health care coverage but will not have a payroll deduction withheld to cover the total amount due. It is also to be used for any employee on approved, extended leave that lasts more than one pay period where earnings are less than the health care deduction.

Federal Military Duty – Per Ohio Revised Code Section 5923.051, while an employee is on Federal military duty (ONLY), his/her employer share of health insurance shall be paid by the agency for which he/she is employed. The employee is responsible for his/her share but may choose to place his/her share of the health insurance in “arrears” in OAKS, up to \$1500, which will then be deducted from his/her first paycheck upon return from federal military duty. The employee’s Job Data “Action” must reflect a Payroll Leave Action (PLA) in order to continue payment of the state’s share.

FMLA-related Leave – Employees who are on an approved FMLA-related leave are responsible for their share of the health insurance deductions. The agency will continue to pay the employer’s share of the deductions.

Non-FMLA-related Leave – Employees on non-FMLA leave are responsible for both the employee and employer share of the health insurance deductions; e.g., exempt employees who are on Worker’s Comp leave.

Payments – Agencies are required to instruct the employee, both verbally and in writing, of the due date for payments and to whom payment(s) should be made prior to the employee going on leave. Payments to continue health care coverage (medical, dental and/or vision) are due on the 10th of the month for that month’s coverage (e.g., October 10 for October coverage). Coverage will be terminated for non-payment if not received by DAS HRD Pay Fiscal by the 20th of the month, unless the employee is on FMLA-related leave. Employees on FMLA-related leave will be given a thirty-day grace period from the premium due date premium and at least 15 days’ notice that coverage will be canceled. When there are three pay periods in the month, payment for all three pay periods is required using the same deadlines.

Completing the Form: All required sections of the form should be completed by the agency as follows:

Employee: Fill in the employee’s State of Ohio user id, name, department ID, and agency name.

Period & Amount:

PPE Date: Fill in the pay period end date or month for which the deduction is owed.

Plan Code: Select the appropriate plan code from the drop-down list.

Employee (Ee) Deduction: Fill in the amount owed by the employee.

Employer (Er) Deduction: Fill in the amount of the employer share owed by the employee.

Reason: Check the reason for the deduction to be paid by the individual rather than a payroll deduction. If the reason is not listed, check “Other” and describe the type of leave in the space provided.

Signature: Sign and date the form. Indicate your phone number, so you can be contacted if necessary.

Send form/payment to DAS HRD Pay Fiscal: After making a copy for the agency’s records, all forms for direct pay payments should be sent directly to:

DAS HRD Pay Fiscal
Rhodes Tower, 28th floor
Columbus, OH 43215

Once received, the payment will be directed to DAS HRD Pay Fiscal while a copy of the form will be directed to HCM Benefits to reconcile against the type of leave and the amount due.

For questions regarding completion of this form or about health care deductions in general, please contact an HCM Benefits Management representative.

BENEFITS DEDUCTIONS DIRECT PAY FORM

Note: Attach a check or money order payable to the “Ohio Treasurer of State” to this form and submit to your agency Human Resources designee.

EMPLOYEE Provide the requested employee information below. Please print legibly.

State of Ohio User ID: _____ NAME: _____

Dept ID: _____ AGENCY NAME: _____

PAY PERIOD/MONTHLY DEDUCTION AMOUNT Provide the requested information below.

Pay Date or Month Covered	Benefit Plan Code	Coverage Code	Employee Deduction	Employee COMSUR	Employer Deduction	Employer COMSUR

REASON Indicate the reason for the makeup or refund.

Pay period end date or monthly payment date related to this payment: _____

Board/Commission Member
 Exempt Leave of Absence
 Non-FMLA Leave of Absence
 Exempt Workers' Comp Leave
 Military Leave
 Bargaining Unit Personal Leave of Absence
 Other (Explain) _____

AGENCY USE ONLY

Your signature below indicates that you have reviewed OAKS HCM to ensure the accuracy of this payment, requesting that any arrears balance be brought to zero.

Prepared by: _____ Phone: _____ Date: _____

**Keep a copy of this form for your records.
 Send the original to DAS HRD Pay Fiscal at 30 East Broad Street, 28th floor, Columbus OH 43215.**

DAS USE ONLY

Approved by: _____ Date: _____

Processed by: _____ Date: _____