



P.O. Box 11188
Columbia, SC 29211

1-800-327-1021
803-731-4021 Fax

www.scmamit.com

Leave of Absence Policy

For groups that have less than 50 employees and not subject to the Family and Medical Leave Act (FMLA), you may continue to provide coverage for an employee(s) up to twelve (12) weeks. At the end of that 12-week period, you MUST terminate the coverage and offer COBRA.

For groups that have 50 or more employees and who are subject to FMLA, you must comply with the requirements of FMLA and may continue to cover the employee(s) up to 12 weeks. At the end of that period, you must terminate the coverage and offer COBRA.

Failure to comply with this amendment will subject your entire group to termination for fraud.

Complete this form when an eligible-covered employee goes out on a leave of absence. Return to MIT via secure email at MITinfo@scmedical.org or via fax at 803-731-4021. Once the employee returns to work, you must submit a new form that includes that date in which the employee returned.

If you have any questions regarding continuation of coverage, please give us a call at 1-800-327-1021.

Leave of Absence Reporting Form

RETURN FORM TO:
SCMA Members' Insurance Trust
PO Box 11188, Columbia, SC 29211
Phone (803) 798-6207 fax (803) 731-4021

Date		
Employee Information		
Last Name	First Name and Middle Initial	Social Security Number
Date Leave of Absence Began	Estimated Return to Work Date	Date Employee Returned to Work
Practice Information		
Practice Name	Practice Address	City, State ZIP
Office Administrator Name		
Email Address	Administrator Phone Number	Fax Number
Office Administrator Signature		Date of Signature