

TO BE COMPLETED BY CLAIMANTS UNDER ANNUAL LEAVE PROGRAM

NAME (Last, First M.I.)	CBID	ABMS NUMBER	POSITION NUMBER
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ENHANCED NON-INDUSTRIAL DISABILITY INSURANCE (NDI) BENEFITS INFORMATION

COLLECTIVE BARGAINING IDENTIFIER (CBID)	BENEFIT AMOUNT/PERIOD	WAITING PERIOD	LEAVE USAGE
REPRESENTED UNDER ANNUAL LEAVE R02, R09, R10, R12, R13	Maximum period of 26 weeks or 182 calendar days. Maximum 50% gross pay per week. Annual leave employees must elect to receive the 50% NDI benefit only or to supplement at a rate of 75% or 100% income replacement at the time they file a claim.	Seven consecutive calendar days. The waiting period is waived if the employee is confined in a hospital or nursing home at least one day, or requires treatment in a hospital surgical unit or surgical clinic.	Annual leave employees are NOT required to exhaust accrued annual leave or sick leave credit balances prior to receiving NDI benefits. Once the NDI payment begins, an employee may at any time switch from NDI to annual leave or other leave credits but may not return until that leave is exhausted
NON-REPRESENTED UNDER ANNUAL LEAVE PROGRAM C01-C21, E01-E21, E48-E99, S01-S21, M01-M21	SAME AS ABOVE	SAME AS ABOVE	Annual leave employees may also elect to use leave credits to supplement NDI benefits. Election must be made at the time claim is filed and will be maintained throughout the disability period as long as there are sufficient leave credits.

PLEASE SELECT ONE OF THE FOLLOWING BENEFITS:

- NDI BENEFITS ONLY**
(No annual leave accrual, no state service credit for seniority purposes, and no service credit for retirement.)
- NDI WITH 75% SUPPLEMENTATION**
(One-half annual leave accrual, one-half state service credit for seniority purposes, no service credit toward retirement.)
- NDI WITH 100% SUPPLEMENTATION**
(Full annual leave accrual, full state service credit for seniority purposes, on-half service credit toward retirement.)

CLAIMANT'S SIGNATURE	WORK PHONE NUMBER	DATE
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DISTRIBUTION: ORIGINAL TO OFFICE OF HUMAN RESOURCES ALONG WITH A COPY OF THE CLAIM FORM.