

# IMPORTANT NOTICE

**SCMA Members' Insurance Trust**  
P.O. Box 11188 Columbia, SC 29211  
phone (803) 798-6207 fax (803) 731-4021



## Leave of Absence Policy

For groups that have less than 50 employees and who are 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:

▷ Groups with 20+ employees must offer the employee (and eligible dependents) COBRA Continuation.

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.

Attached is the form that should be completed whenever someone goes out on a leave of absence. This form should be completed and returned to MIT via secure email at [MITinfo@scmedical.org](mailto: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**  
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Date		
<b>Employee Information</b>		
Last Name	First Name and Middle Initial	Social Security Number
Date Leave of Absence Began	Estimated Date of Return to Work	Actual Date Employee Returned to Work
<b>Practice Information</b>		
Practice Name	Practice Address	City/State/Zip
Office Administrator Name		
Email Address	Phone Number	Fax Number
Office Administrator Signature		Date