**Health Insurance Premium Reimbursement Agreement**

Welcome back from your leave of absence! As you know, your health and other insurance coverages were continued during your absence. The amounts of **your** missed premium contributions are listed below:

|  |  |  |
| --- | --- | --- |
| **Deduction missed** | **Amount per payroll** | **Notes** |
| Medical | 42.97 |  |
| Dental | 16.70 |  |
| Vision | 5.21 |  |
| Other | 1.96 | List type |
| Total per payroll | 66.84 |  |
| Payrolls Missed | 5 | 1/15/17, 1/30/17, 2/15/17, 2/28/17 and 3/15/17 |
| **Total** | **$334.20** |  |

**Please let us know how you would like to pay back your portion of the monthly premiums.**

[ ] I would like to write a check to the company for the full amount as listed in the “total” above.

[ ] I would like to pay it back by doubling up my payroll deductions for the number of payroll deductions I missed. The amount listed in the “total per payroll” box will be deducted from my paycheck (in addition to my regular insurance deductions for the following payroll periods (list pay dates below).

* 3/30/17
* 4/15/17
* 4/30/17
* 5/15/17
* 5/30/17

[ ] I would like to pay it back using another mutually agreed upon method. List method here:

Employee Name Employee Signature Date