



WAIVER OF DISABILITY BENEFITS

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____

If you choose not to file a claim for disability benefits with your group disability plan(s) and are requesting a paid leave, you must read and sign this waiver, and submit it to your agency/department in advance of your leave of absence. After receiving the signed Waiver, you will be allowed to use the appropriate hours from your leave bank balances in increments to equal your full biweekly schedule, and until balances are exhausted or you stop authorizing leave bank usage.

By not filing a claim with your disability plan(s), you may be forfeiting a variety of benefits including but not limited to: full and partial disability benefit payments, Return to Work Incentive payments, Reasonable Accommodation Expense Benefits and Temporary Recovery benefits. Please note that each plan has an application deadline, after which you forfeit all rights to benefits. Your department representative may provide a copy of this signed Waiver to your group disability plan(s) and to County Human Resources.

I understand that leave bank usage must begin at the onset of my leave of absence. I further understand that if I change my decision and later elect to file a claim for any group disability plan(s), I will be expected to repay the County of Ventura and/or any group disability plan(s) that has paid me any disability benefit(s) for the same time period of this Waiver.

I have read this form and acknowledge that I understand and agree not to file for disability benefits with any group disability plan(s) for this leave of absence. I authorize use of my leave bank balances in order to receive pay equal to my full regular work schedule for the following period(s): Beginning date _____ Ending date _____:

I choose to waive benefits from the following sources indicated below:

SDI (State Disability Insurance)

PFL (Paid Family Leave)

LTD (COV group plan)

Wage Supplement Plan (circle) High or Low option

Employee Signature _____ Date Signed _____

Keep a copy for your personal records