ALASKA DIVISION OF
Retirement and Benefits

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drb.alaska.gov

Division of Retirement and Benefits
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Juneau: (907) 465-4460
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Select Benefits Federal Family Leave Health Continuation Health Premium Payment

FOR OFFICE USE ONLY

I. PERSONAL DATA

EMPLOYEE NAME (LAST / FIRST / M.I.)			SOCIAL SECURITY NUMBER
MAILING ADDRESS (STREET OR P.O. BOX)			BARGAINING UNIT
CITY		STATE	ZIP
TELEPHONE NUMBER	DATE FAMILY LEAVE BEGAN	APPROX. DATE FAMILY LEAVE ENDS	DATE LWOP BEGINS
DEPARTMENT/DIVISION	HUMAN RESOURCE OR PERSONNEL POC NAME		TELEPHONE NUMBER

II. ELECTION

☐ I am enrolled in the Select Benefits plan and am paying my portion of my health insurance at $_____ per month.

I have attached a check payable to the State of Alaska for the month(s) of _____.

EMPLOYEE SIGNATURE	DATE

III. DRB BENEFITS USE ONLY

PAY PERIOD END DATE	AMOUNT PAID	COVERAGE FOR	AMOUNT DUE	CHECK NO.	DATE RECEIVED

COMMENTS