

## Formal Notice of Payment for Benefits While on Maternity/Unpaid Leave

portion of my leave of absence. I und deducted from my first paycheck upon	nents to go into arrears during any unpaid derstand that any remaining balance will be n my return. Additionally, I understand that alth after my leave, I will be responsible for emiums not paid during my leave of
I would like to make monthly pathe unpaid portion of my leave of absorbed	ayments for my insurance premiums during ence.
Payments are due by the 1 <sup>st</sup> of each month and you have a maximum grace period of 30 days to make payment to Denver Health. You can mail your payments to:	
Denver Health and Hospital Authority Attention: Benefits Department 777 Bannock Street, Mail Code 0114 Denver, CO 80204	
Please make checks payable to DHHA.	
Please print name here	
Employee Signature	Date
Please return this form to the Benefits department via fax: 303-602-7010.	
	To be completed by Benefits Representative: