



# EAB

## INSURANCE CONTINUATION ACKNOWLEDGEMENT

I understand that, for any period during which I do not receive pay from EAB Global,<sup>1</sup> I am responsible for insurance premiums that would otherwise be deducted from my paycheck. I also understand that any amount owed will be deducted from my paycheck(s) upon my return until repaid.

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## PAY REQUEST

I understand that, once PPB is exhausted, I have the option to use my available accrued PTO, up to 10 days in the negative not to exceed annual accrual<sup>2</sup>, during any unpaid portion of my leave or to supplement any other income replacement benefits. I have checked my preference(s) below:

- I wish to use \_\_\_\_days of my accrued PTO during an unpaid portion of my leave, up to 10 days in the negative and not to exceed my annual accrual.
- I wish to use \_\_\_\_days of my accrued PTO to supplement any income replacement benefits, up to 10 days in the negative and not to exceed my annual accrual. This only applies to STD, LTD or other state benefits and are not to exceed 100% of regular earnings.
- I do not wish to use my accrued PTO during my leave of absence.

Signing below signifies the following: I understand that I am responsible for maintaining accurate PTO records through EAB Global's Dayforce system. Failure to do so could result in an inaccurate paycheck and/or amounts owed to EAB Global.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Personal Email Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<sup>1</sup> If you are receiving pay from EAB Global, insurance premiums will be deducted from your paycheck as normal.

<sup>2</sup> Your ability to go into the negative, up to 10 days, is limited to the amount of time that you accrue within a given fiscal year.

Please return this form to:

**The EAB Benefits Team: [Benefits@eab.com](mailto:Benefits@eab.com)**