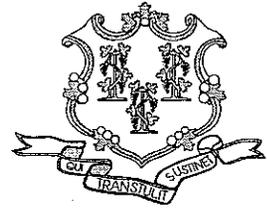




DEPARTMENT OF ADMINISTRATIVE SERVICES



STATE OF CONNECTICUT

165 Capitol Avenue
Hartford, CT 06106-1658

September 14, 2005

LINDA J. YELMINI
Commissioner

TO EMPLOYEE ON LEAVE PENDING DETERMINATION OF DISABILITY
RETIREMENT APPLICATION

This letter is to inform you of your status while your application for disability retirement is being reviewed and to restate your obligations concerning payments for medical insurance during your leave of absence.

You have been placed on an unpaid leave of absence pursuant to Section 5-248 of the Connecticut General Statutes. During the pendency of your disability retirement application, you will be required to make payments in order to continue your health insurance coverage.

You will be provided medical insurance coverage through the State of Connecticut for up to twelve (12) months from the effective date of your leave. You must pay the employee share of the health insurance premium at the same level of coverage you had while actively employed during this time. **You must ensure your payments are made on time. Be advised your insurance coverage will lapse and Evidence of Insurability will be required if your payments are not up-to-date.**

The Retirement and Benefit Services Division has taken steps to have most disability retirement applications determined within the twelve (12) month period. In the unlikely event a determination has not been made within the twelve (12) month period, a request to extend your unpaid leave of absence shall be submitted to the Commissioner of the Department of Administrative Services for approval.

If your leave is extended beyond twelve (12) months, you will be advised to make payments for continuation of coverage at the COBRA rate. **Remember, you must ensure your payments are made on time to avoid a lapse in coverage and Evidence of Insurability requirement.**