Reset Form

OPTIONS STATEMENT

State Form 50108 (R4 / 1-18)

STATE OF INDIANA
State Personnel Department, Benefits Division
Disability Program

Mail completed form to: JWF Specialty Co., Inc. (Third Party Administrator)
PO Box 40968
Indianapolis, IN 46240
Telephone: (888) 818-7795
Fax: (866) 893-4674

Carefully read the following options. Please check the option that you wish to use. You may change your option at any time during the disability. The options can only be changed with the completion of a new Options Statement. The effective date for the change in options will be the date the new Options Statement is received by JWF Specialty Co., Inc. The change in options will only apply to future benefits.

After the thirty (30) day Elimination Period I elect:

☐ OPTION 1: BASIC DISABILITY BENEFITS 60% of regular biweekly salary while on Short Term Disability or see below. *

☐ OPTION 2: INCREASED DISABILITY BENEFITS
May choose to receive 20% more than the basic benefit by using a prorated charge against accrued leave balance. *

Please indicate the order in which these days are to be used: ***

_____ SICK _____ PERSONAL

_____ VACATION _____ COMPENSATORY

_____ NEW PARENT LEAVE

Special Sick Leave may be used **once all other leave balances have been exhausted.**

Do you wish to use Special Sick Leave? ☐ Yes ☐ No

☐ OPTION 3: USE OF ACCRUED LEAVE
100% of regular biweekly salary by choosing to use your vacation, sick, personal, compensatory, new parent leave, or special sick leave at the rate of five (5) days per week in lieu of disability benefits. This option pays **NO** disability benefits. You will be paid by your agency.**

Please indicate the order in which these days are to be used: ***

_____ SICK _____ PERSONAL

_____ VACATION _____ COMPENSATORY

_____ NEW PARENT LEAVE

Special Sick Leave may be used **once all other leave balances have been exhausted.**

Do you wish to use Special Sick Leave? ☐ Yes ☐ No

* **Short Term Disability benefits may not exceed five (5) months. Long Term Disability benefits are 50% for the first two (2) years, 40% for third and fourth years.**

** **Once all leave is exhausted, you are automatically eligible for OPTION 1, provided all other requirements are met.**

*** **May only use eligible accrued but unused time.**

If you were injured on the job and wish to increase your Workers' Compensation benefits by using your accrued leave, **CONTACT YOUR AGENCY**.

Signature of employee	Date signed (*month, day, year*)
Signature of witness	Date signed (*month, day, year*)