CHRISTIAN BROTHERS SERVICES

Employee Benefit Trust
1205 Windham Parkway
Romeoville, IL 60446
800.807.9460 / 630.378.3005 fax

Return From Leave of Absence - Disability

Please print using black ink and keep a copy for your records.

Employer Name:		Location Number:	
Name of Employee:		Social Security #:	
Returning From:	☐ Personal ☐ Medical ☐ Family Medical Leave of Absence (FMLA)		
Return to Work Date:		Number of Hours Working per Week:	
Annual Salary:			

Signature of Employer:		Date Signed:	

Please be advised that if the employee waived medical/dental/vision coverage (optional benefits) while on a leave of absence or disabled, and wants to reapply for optional benefits; the employee will be required to complete a Late Entrant/Prior Waiver From. Benefits will not be effective until the first of the month following a six month deferral period. The six month deferral period begins on the day we receive the form. Once enrolled there will be a twelve month preexisting condition period (less prior creditable coverage if applicable) and deferred dental.