Workers' Compensation Benefits Election Form

As an	employee of the State of Idaho,	understand that I
_	be eligible for workers' compens I am injured by an accident on t	ation benefits provided by the State Insurance Fund in the e job.
		e my available leave to make up the difference between compensation check and what I received while working.
	benefits, and retain my accrue use. I understand that I will not	tion Benefits Only his option, I wish to receive only my workers' compensation I sick, vacation, regular hours held, or comp time for future receive any retirement credit during my period of disability. I o continue my life and health insurance benefits I must self-
	Receipt of Workers' Compent I understand that by choosing available leave (sick, comp time approximately my working leven At that time, I wish to receive accrued sick, comp time, regulation will not receive any retirement	ation Benefits Supplemented by Accrued Leave Until sation Benefits this option, the State of Idaho will allow me to use my and the state of Idaho will allow me to use my and the state of Idaho will allow me to use my and the state of Idaho will allow me to use my and the state of Idaho will allow me to use my income at until the time I receive my workers' compensation benefits, and retain my are hours held, or vacation for future use. I understand that I credit during my period of disability. I also understand that in ealth insurance benefits I must self-pay the premiums.
	I understand that by choosing available leave (sick, comp time approximately my working level weekly benefit to my agency, weekly benefit to my agency, reports my weekly benefit amountable leave to reflect 100 perinsurance premiums as if I were amounts of self-paid premium month of service credit with the I am receiving pay. Normal pay income taxes, and Social Security.	his option, the State of Idaho will allow me to use my regular hours held, or vacation) to maintain my income at I understand that until the State Insurance Fund reports my ours per bi-weekly pay period of my available leave will be sate me while I am disabled. After the State Insurance Fund unt, I have the option of adjusting the number of hours of ercent of my salary. The agency will pay my health and life a still working, and will deduct from my pay the same as as would be payable if working. I understand I will receive a lidaho Public Employees Retirement System for each month roll deductions for the Retirement System, State and Federal ity shall be made out of the amount paid to me. I ption will have no impact on my claim for workers' manner.
	erstand that once I have made ar after it has been taken.	election I will not be allowed to change the coding of my
while <u>less</u> . I	l am using my available leave, up also understand that the income	the payment of health and life insurance premiums will last to six months, or the period of my disability, whichever is maintenance and receipt of retirement credit will last as e been laid off due to my disability.
	e read Options I, II, and III in their f the boxes.	entirety, and have indicated my choice by checking only
Signa	ture:	Date·