**Gundersen Lutheran Administrative Services, Inc. – Benefit Premiums Agreement**

The purpose of this Benefit Premiums Agreement (this “Agreement”) is to set forth the details and your obligations related to the continuation of your group health, dental, disability, life insurance, voluntary benefits, and health flexible spending account coverages during your leave. You acknowledge that you have read, understand and agree to the terms set forth in this Agreement.

During your leave, whether paid or unpaid, you generally will remain eligible for group benefits under the plans sponsored by Gundersen Lutheran Administrative Services, Inc. (the “Company”) under the same conditions that would have been provided if you had been actively employed during the entire leave. The Company will continue to pay its portion of group health, dental, disability, and life insurance premiums (collectively, the “Group Benefit Premiums”) that it was responsible for paying immediately prior to the leave, as required by applicable law. Likewise, you will continue to be responsible for paying your `portion of the Group Benefit Premiums.

If you prefer you can choose not to retain some or all of your group benefit coverages during your leave. **If you choose not to continue any of your current group benefit coverages during your leave, you may not be eligible for the discontinued coverage(s) immediately upon your return to work.** Please contact the Benefits team within 30 days prior to your leave to cancel any benefit plans while on leave. When you return from leave, you must contact the Benefits team to re-instate any benefits within 30 days.

**Payment of the Employee Portion of Premiums**

*Paid Leave*

During any portion of leave that is paid, you will continue to pay the employee share of the Group Benefit Premiums in the form of payroll deduction in the same manner as prior to your leave (e.g., pre-tax or post-tax as elected).

*Unpaid Leave*

During the portion of leave that is unpaid, the Company will accept responsibility for advancing payment of your share of the Group Benefit Premiums. These advanced amounts will be considered a debt due and owing to the Company. The Company will recoup these advanced amounts as an after-tax or pre-tax salary/wage reduction based on the manner collected prior to your leave from your available taxable compensation (including any available, unused PTO, vacation and/or sick days) *after* you return from leave, as allowed by applicable law. Group Benefit Premiums may be billed at the discretion of the Benefits team if you are off more than 8 weeks.

If your leave of absence is unpaid (or may become unpaid in the future), your annual **Health Flexible Spending Account (FSA)** election will be recalculated upon your return to work. The Benefits team may bill your Health Care FSA premiums at their discretion if you are off more than 8 weeks. This will be required for you to avoid a lapse in coverage. Payments of Health Care FSA premiums must be made in order to submit claims during your leave of absence.

**Paycheck Deduction Authorization**

By accepting this Agreement, upon your return from leave, you authorize the Company to deduct the premium amounts that you failed to pay or that the Company advanced on your behalf for your portion of the Group Benefit Premiums, under the terms of this Agreement, as after-tax or pre-tax salary/wage reduction, as applicable. The payroll system will take a Regular deduction plus 1 catch-up deduction(s) until all missed premiums have been paid in full. You understand that such deduction(s) will be made for your benefit and convenience.

If billed by the Benefits team, you must pay all or a portion of any Group Benefit Premiums you owe via check.

**Failure to Return to Work / Separation from Employment**

If you fail to return to work following the end of your leave, the Company is entitled to recover your portion of the Group Benefit Premiums you failed to pay or it advanced on your behalf through your coverage end date. In addition, you acknowledge and agree that any Group Benefit Premiums you fail to pay, or any advanced amounts paid by the Company which are not recouped in full, either because of your failure to return to work or the separation of your employment after returning to work, will remain a debt due and owing to the Company by you. You further acknowledge and agree that such amounts may be deducted from any of your outstanding or final paychecks. To the extent any obligation remains unpaid after such deductions, you agree that such amounts remain a debt due and owing to the Company that you must pay to the Company within thirty (30) days of your last day of employment with the Company.

**Authorization & Acceptance**

You may accept this agreement by checking the designated box on the FMLA application. By accepting this Agreement, you agree that you have read and understand this Agreement and accept the terms and conditions outlined above. Your further acknowledge and agree that if any action is brought to enforce any provision of this Agreement by the Company, you agree to pay all costs associated with the action, as well as any costs of litigation, including all reasonable attorney fees.