



State of West Virginia  
 Department of Homeland Security  
 Division of Administrative Services



1124 Smith Street  
 #2100

Charleston, WV 25301  
 (304) 558-2350

MICHAEL T. BAYLOUS  
 CABINET SECRETARY

TINA DESMOND  
 DIRECTOR

## Employee Responsibilities and Information Regarding Self-Pay for PEIA and/or Mountaineer Flexible Benefits

It has been brought to my attention that you will be out on leave and will not be receiving a paycheck during that time, also known as “going off payroll”.

Since you will not be receiving a paycheck, you will be responsible for the monthly payment of your benefit premiums. **Failure to pay for your part of the benefit premiums while out will result in your benefits being terminated.**

Please be aware that your monthly benefit premiums are due to The Division of Administrative Services by the 15<sup>th</sup> of every month, in other words, your January premiums would be due/received by DAS no later than January 15<sup>th</sup>. **If your benefits are terminated due to non-payment of premiums, all claims incurred after the termination of coverage will be your sole responsibility.**

For example, if your benefit premiums for January are due January 15<sup>th</sup> and you do not pay, any medical or prescription drug services incurred in the month of January will be your responsibility to pay out-of-pocket; no insurance will be applied for those services.

If you do not pay your premiums, or are delinquent with your payment, you can be REINSTATED by paying back all premiums missed. However, you can only be “reinstated” twice while out.

If you choose to not maintain your current benefit coverage and do not want to pay for your premiums while off payroll, please let me know as soon as possible so I can reach out to our Benefit Coordinator at DAS and inform them. Once you have returned to work, your benefits can be reinstated, based on your return-to-work date.

To keep your benefit coverage while off payroll, please send your payment by the 15<sup>th</sup> via U.S. Mail only to the address below:

Division of Administrative Services  
**ATTN: SELF PAYMENTS**  
 1124 Smith Street, Suite 2100  
 Charleston, WV 25301

Acceptable forms of payment are a personal check or money order only.

- ✓ For PEIA benefit(s), the check/money order **MUST** be payable to DAS or DCR.
- ✓ For Mountaineer Flexible Benefit(s), the check/money order **MUST** be payable to FBMC or MT FLEX.

You will also need to fill out and sign the attached Self-Pay Acknowledgment Form and return it to me. By doing so, you acknowledge and understand your responsibility to make timely and correct payments. The form will identify what your monthly cost would be while off payroll. It will also contain the info on where to mail your check/money order and whom to make the check/money order out to.

If you have any questions, please do not hesitate to contact me.

HR Representative Name: \_\_\_\_\_

HR Representative Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_



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## Self-Pay Acknowledgement Form

I, \_\_\_\_\_ at Facility \_\_\_\_\_,  
Printed First Name Last Name

hereby acknowledge that to maintain my current benefit coverage, I must pay all monthly premiums due by the 15th day of the month as described on page 1 "Employee Responsibilities and Information Regarding Self-Pay".

**PEIA Insurance** – Check or money order **MUST** be made payable to DAS or DCR

Monthly Premium Due \$ \_\_\_\_\_

**Mt. Flex Benefits** – Check or money order **MUST** be made payable to FBMC or Mt. Flex

Monthly Premium Due \$ \_\_\_\_\_

MAIL ALL PAYMENTS TO:  
 Division of Administrative Services  
 ATTN: SELF-PAYMENTS  
 1124 Smith Street, Suite 2100  
 Charleston, WV 25301

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_