



ACCRUED TIME ELECTION OPTION

To the Employee: Please complete the following if you are off work due to a Workers Compensation injury, accident or illness:

Date: _____

Employee: _____ SSN: _____

Date of Accident: _____ Last Day Worked: _____

I elect the following option (Initial **one** only):

___ Issue the Worker's Compensation Total Temporary Disability ("TTD") check totaling two-third (2/3) of average weekly wages **directly**, effective _____. There are no eligible or available accruals at this time; or,

___ Issue the Worker's Compensation TTD check totaling two-third (2/3) of average weekly wages **directly** and **from Payroll**, issue one-third (1/3) of gross basic wages from eligible and available accruals after the appropriate tax deductions, benefit premium payments and retirement contributions are made, effective _____.

In the event you only receive Total Temporary Disability (TTD) payments (Option 1), the following will apply:

- No contributions will be made to any tax deferred programs in which you may be enrolled such as the basic Employee Retirement Plan, Supplemental Retirement Plan, Flexible Spending Plan, and Qualified Transportation Program. The University will not make matching contributions to the basic employee Retirement Plan.
- It is **your** responsibility to contact the University Benefits Office to make arrangements to pay any benefit premiums such as health/dental that would normally be deducted from your gross wages. You will be billed directly by the University for any premiums that are due until you return to active duty and regular pay status.
- For any billing questions, please contact us at Benefits@uchicago.edu
- If you have questions concerning Workers' Compensation benefits, please contact the Absence Management Coordinator at Benefits@uchicago.edu

I have read and understand all my options as presented above. By signing this form, I authorize the University to make the appropriate benefit deductions in accordance with the option that I have chosen until I return to active work duty. I understand that I may change my election at any time by completing a new **Accrued Time Option Election** form.

Employee: _____ Date: _____

cc: University Benefits
Payroll
File