



Human Resources Department
Employee Benefits and Services
Division

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Name

Address

City, State Zip

RE: Your Benefits While on Approved Leave of Absence

Dear County Employee:

The purpose of this letter is to explain your benefit eligibility during your approved leave of absence.

Per section § 825.209 of the Family Medical Leave Act (FMLA), the California Family Rights Act (CFRA), Pregnancy Disability Leave (PDL), California Code of Regulations, Title 2, Div.4, and/or applicable Memorandum of Understanding, Exempt Compensation Plan, Salary Ordinance, or Contract, you can receive benefits through any one of the following four ways:

1) Certain benefits specify that you must be on paid status or code a minimum number of hours as directed in the applicable MOU/Compensation Plan/Salary Ordinance/Contract to receive benefits, including Premium Subsidies. If there is no minimum hour requirement specified, then you must at least be receiving pay for '0.25' coded hours on payroll to maintain eligibility and enrollment.

Or

2) As long as you fully integrate accrued leave time with Short-Term Disability (maximum of 52 weeks) you are eligible to receive Premium Subsidies. Your coverage will be terminated if you are not fully integrating paid leave time as long as you have received benefits while on leave in accordance with applicable law. If you are not able to fully integrate, medical and dental coverage may continue if you are receiving paid hours as described in option one.

Or

3) You must be on an approved protected leave of absence, such as FMLA/CFRA/PDL to receive benefits, including Premium Subsidies. If you are not eligible for FMLA/CFRA/PDL and not coding the required minimum number of hours as described in option one, then your benefits may be terminated immediately.

Or

4) You must be on an approved Workers' Compensation Claim (maximum of 20 pay periods)

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Please note that you are still responsible for your portion of applicable premiums. You will be billed for the balance of any premiums due not collected through your pay warrant. If payment is not made timely, your County coverage may be cancelled back to the date premiums were paid in full. You may choose to discontinue or modify certain benefit coverage during your leave of absence. Refer to the Continuation of Benefits document on the reverse of this letter for the impact of a medical leave of absence to your benefits.

COBRA Continuation Coverage - When you are no longer eligible for active employee coverage due to certain qualifying events, San Bernardino County, as required under provisions of COBRA, will offer you and your covered family members the opportunity to elect a temporary extension of coverage (called "continuation coverage" or "COBRA coverage"). Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since the County usually pays a part of the premium for active employees while COBRA participants pay the entire premium.

Contact the Employee Benefits and Services Division (EBSB) at (909) 387-5787 to elect to continue benefits or to make arrangements to continue to pay your share of premium payments on your health insurance to maintain your benefits while you are on leave.

If you have questions, contact EBSB at the phone number above or email at ebsd@hr.sbcounty.gov.

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