



Recovery of Benefits Repayment Agreement

(Active Employee)

This agreement is entered into with (Company name here) and the employee listed below.

I, _____, acknowledge, understand and agree to repay my employer (Company name here) \$_____ for my portion of health benefit payments that were made during my leave of absence from (enter date here) to (enter date here).

I agree to the following installment repayment schedule as set forth below. The first payment to be deducted from my regular earnings on _____, with the final payment of \$_____, from my regular earnings on _____.

Payment Due Date	Amount Due	Date Received <i>(For Payroll use only)</i>

I further understand that the Company has stated its intention to abide by all applicable federal and state wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate state and federal agencies.

I represent that this authorization is executed voluntarily and has not been made as a condition of my (continued) employment.

Signature of Employee

Date



Signature of Company Representative

Date