

**TABCO SICK LEAVE BANK ENROLLMENT FORM**

*I wish to enroll in the TABCO Sick Leave Bank:*

Name (Please print) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ School \_\_\_\_\_

Position \_\_\_\_\_ Hire Date \_\_\_\_\_ Social Security # \_\_\_\_\_  YES  NO  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ TABCO Member?

*To join the TABCO Sick Leave Bank, complete this enrollment form and return to the TABCO office via US mail. The open enrollment period is from July 1 through September 30 each year. Enrollments must be received by September 30 at 5:00 p.m. or postmarked no later than September 30. In the event September 30 falls on a weekend, applications will be accepted until 5:00 p.m. on the first business day, or if they are postmarked no later than the first business day following September 30.*



**Membership Application for TABCO, MSEA/NEA**

2017-18 MAX. DUES: \$34.85 PER PAY

**PRINT →** FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ ETHNICITY \_\_\_\_\_  FULL TIME  PART TIME CHECK ONE

SS # (-XXXX) \_\_\_\_\_ BCPS EMPLOYEE ID # \_\_\_\_\_ CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ HOME EMAIL ADDRESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_ CITY \_\_\_\_\_ STATE & ZIP CODE \_\_\_\_\_

SCHOOL OR WORKSITE \_\_\_\_\_ POSITION \_\_\_\_\_ SUBJECT \_\_\_\_\_ WORK EMAIL ADDRESS \_\_\_\_\_ @ bcps

Check your salary level (for dues computation):  More than \$42,488  \$21,244 to \$42,488  Less than \$21,244

**Maintenance of Membership/Dues Deduction Authorization:** I authorize continuing payment or deduction of dues from my pay in each pay period a pro rata portion of the annual dues required for membership in TABCO, MSEA and NEA. I fully understand that the annual dues required for membership in the three associations are subject to periodic change by the governing bodies of the associations and authorize deduction of any modified monthly dues established by the governing bodies of the three associations. This authorization continues from year to year, regardless of my membership status, unless (a) I revoke this authorization in a signed writing sent to TABCO by such time as is designated in TABCO's collective bargaining agreement, TABCO's policy, or TABCO's Bylaws; or (b) my employment with the Board of Education ends. In the event of my separation, the Board of Education shall deduct the balance of my yearly dues from my final paycheck.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (RETURN TO YOUR TABCO REP, OR TO 'TABCO' VIA SCHOOL MAIL) \_\_\_\_\_



**Sick Leave Bank**

*Another benefit of TABCO membership; help when you need it most.*



**TABCO**  
**305 E. Joppa Rd.**  
**Towson, MD 21286**  
**Office—410-828-6403**  
**Fax—410-337-7081**  
**www.tabco.org**

## **TABCO Sick Leave Bank**

### **How does it benefit you?**

Since its inception, the TABCO Sick Leave Bank has provided benefits to many employees who have exhausted their own personal sick leave. **The bank allows employees access to additional days of sick leave for catastrophic personal illness, injury or quarantine as needed prior to their return to work.** The days are donated by fellow employees, providing income when needed most.

### **How is it managed?**

There are three TABCO members who make up the Sick Leave Bank committee. They are selected by the Association. Their role is to receive requests, verify the validity of requests, and approve or deny requests and communicate the decision to the member and the Department of Benefits/Risk Management.

A portion of TABCO membership dues pays for the services provided by the Sick Leave Bank. Additionally, hundreds of hours are spent by the teacher volunteers serving on the TSLB Committee. TABCO provides staff to process claims on the bank and to handle questions about the bank.

### **What are the limits on usage?**

One year for full-time employees. Usage for part-time employees shall be pro-rated in accordance with Article 16.13 of the Master Agreement.

### **Does it cost anything to enroll?**

Each full-time employee joining the sick leave bank for the first time will contribute some of their accumulated sick leave at the rate specified in the Master Agreement. If you have:

**0-120 days** of accumulated sick leave — 1.5 days contribution

**121-180 days** of accumulated sick leave — 1 day contribution

**181 or more days** of accumulated sick leave — .5 day contribution

- Employees returning from leave will be permitted to contribute to the bank on approval of the committee.
- New employees will be eligible to join during their second school year of employment.

Contributions for part-time employees will be pro-rated in accordance with Article 16.13 of the Master Agreement.

Subsequent assessments for members in the bank are determined jointly by the TABCO Board of Directors and the Superintendent, based on the recommendation of the TSLB Committee.

*This brochure is intended as an overview of the TABCO Sick Leave Bank. Additional information can be found in Article 12.17 of the Master Agreement and in the Rules & Procedures of the Sick Leave Bank. A copy of the Rules and Procedures is available from TABCO upon request.*



### **How do I enroll?**

Complete an enrollment form during the open enrollment period from July 1 through September 30. **Enrollments must be received by September 30 at 5:00 p.m. or postmarked no later than September 30. In the event September 30 falls on a weekend, applications will be accepted until 5:00 p.m. on the first business day, or if they are postmarked no later than the first business day following September 30.** Once an application is received, a verification will be sent to the member within ten (10) days.

### **How do I file a claim?**

Call the TABCO office for a claim form at least a week before your last two-week pay period, or when your sick leave is exhausted or as soon as you know your illness will last beyond your accumulated sick leave. Return the completed form to TABCO.

### **What if my disability lasts beyond my Sick Leave Bank benefits?**

**Employee Security, Inc.** Members of TABCO can subscribe to the TABCO Income Protection Plan (TIP) at 410-997-3300 or 800-638-1134.

**AFLAC** protects you in addition to the sick leave bank and is another option for income protection. Call 301-985-2020 or 877-884-3784

Both companies will protect you after your sick leave benefits are exhausted. These programs are a convenient, low-cost way to provide for your expenses when you are unable to work because of accident or illness.