

GEORGIA BANKERS ASSOCIATION INSURANCE TRUST, INC.

LEAVE OF ABSENCE

GROUP POLICY NUMBER - 1000828-000

Employee's Name \_\_\_\_\_

Employee's Social Security No. \_\_\_\_\_ Date Last Worked \_\_\_\_\_

Employee's Address \_\_\_\_\_  
Street Address City State Zip Code

Bank Name \_\_\_\_\_

City \_\_\_\_\_ Date \_\_\_\_\_

TYPE OF LEAVE

\_\_\_\_\_ MEDICAL \_\_\_\_\_ MATERNITY  
\_\_\_\_\_ FAMILY \_\_\_\_\_ MEDICAL MATERNITY

Georgia Bankers Association Insurance Trust, Inc. will grant the following:

- Medical Leave - 6 months
- Family Leave - 12 weeks
- Maternity Leave - 2 months
- Medical Maternity - 6 weeks after delivery

PLEASE MAIL OR FAX COMPLETED FORM TO:  
50 HURT PLAZA, SUITE 1050  
ATLANTA, GA 30303  
404/688-9641