



Frank H. Murkowski
GOVERNOR

STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

February 5, 2004

ADMINISTRATIVE ORDER NO. 213

Under the authority of art. III, secs. 1 and 24 of the Alaska Constitution, and AS 39.20.345, I, Frank H. Murkowski, order as follows:

1. An employee of the State of Alaska who is a member of a reserve or auxiliary component of the armed forces of the United States, including the organized militia of Alaska consisting of the Alaska National Guard, the Alaska Naval Militia, and the Alaska State Defense Force, and who is ordered to active duty due to the current conflicts in Iraq and Afghanistan is authorized to continue to receive state group life and health benefits, including benefits for eligible dependents, for the duration of active duty, unless the employee elects to terminate state employment.
2. Each employee described in paragraph 1 of this Order is authorized to continue to receive the group life and health benefits provided under AS 39.30.090 - 39.30.095 or under a collective bargaining agreement, as provided under the terms of the plan in which the employee is enrolled at the time the employee commences active duty. The employee shall be given the option of either continuing to participate or declining to participate in the group life and health plan for the duration of the employee's active duty. If the employee elects to continue to participate, the employee is responsible for paying the normal employee contribution under the employee's plan. If the employee elects to continue participation, the employee is subject to the same rights, terms, conditions, limitations, exclusions, and changes with respect to the employee's group life and health plan as are employees in the plan who are not in active duty status.
3. As required by chap. 65, SLA 2003, a collective bargaining agreement in effect as of June 12, 2003, including any extensions and successor agreements, must be modified to accept the provisions of chap. 65, SLA 2003, for this Order to apply to employees covered by the agreement.
4. The Department of Administration shall adopt emergency regulations as necessary to implement this Order.

This Order takes effect immediately.

Dated at Juneau, Alaska this 5th day of February, 2004.

/s/Frank H. Murkowski
Governor

WWW.GOV.STATE.AK.US

[Administrative Orders 201-present](#) | [Contact the Governor](#) | [Webmaster](#) | [State of Alaska](#)

**State of Alaska
Military Health Coverage Election
Administrative Order 213**

Name _____

Date _____

SSN _____

Dept _____

Begin Date of Military LOA _____

I certify I have been ordered to active military duty due to the current conflicts in Iraq or Afghanistan and will qualify for AO 213. This administrative order provides optional employer paid health insurance benefits for the duration of active duty, unless the employee elects to terminate state employment. Employee premiums must be paid in full for continued health insurance eligibility.

I understand this is a one time, irrevocable designation. Please initial one of the following:

I do elect Health Insurance coverage while on leave of absence from the State of Alaska. I understand I am responsible for any employee premiums associated with continuing State provided health insurance

I do NOT elect Health Insurance coverage while on leave of absence from the State of Alaska.

❖ Employee Signature

Date

❖ If this is being signed by a power of attorney for the employee, please provide your name, address and contact number. Please provide a copy of the power of attorney.

Name _____

Address _____

Contact Number _____

Return this completed form to your Human Resources Technical Services Group (TSG) or Agency.

Interim Instructions for using the Military Health Ins Designation Form – AO #213.

This form is to be used by Technical Service Group or Human Resource Office personnel. The form is for State of Alaska employees on military active duty due to the current conflicts in Iraq or Afghanistan and will qualify for Administrative Order 213.

Please contact your Technical Service Group or Human Resource Office personnel for assistance using this form.