Office of HUMAN RESOURCES — THE OHIO STATE UNIVERSITY

BENEFIT CONTINUATION DURING MILITARY LEAVE
Election Form

click here to clear form

Section I: Personal Information

Employee's Full Name: Last First MI

Daytime Phone E-mail Address OSU Employee ID # (required)

Military Leave (More than One Month)
Reason for completing form

Expected return to work date

Section II: Benefit Elections (May only continue coverage currently enrolled in)

Benefit Programs:	CONTINUE	WAIVE
Medical Insurance	☐	☐
Dental Coverage	☐	☐
Vision Coverage	☐	☐
Flexible Spending Account—Health Care	☐	☐
Dependent Group Life Insurance (DGLI)	☐	☐
Voluntary Group Term Life Insurance (VGTLI)	☐	☐
Short-Term Disability (STD)	☐	☐

Section III: Payment Election

Indicate payment method for benefits being continued during Military Leave:

☐ Payroll Deduction
☐ Monthly Direct Payments
☐ Lump Sum Payment Prior to Leave
☐ Lump Sum Payment Upon Return

Billing Information:

Name Street Address City State Zip Code

Section IV: Certification

I have received, read, and understand the material explaining the terms and conditions of The Ohio State University Health Plans. I declare that any individual for whom I am requesting health coverage meets the definition of an eligible dependent as stated in the specific Health Plan Detail, available online at hr.osu.edu, I understand that any person who, knowingly and with intent to defraud, applies for coverage or files a claim containing any materially false information is guilty of fraud, which is subject to disciplinary action, up to and including termination of employment. I understand that my elections may not be changed or voluntarily cancelled at any time during the plan year (January 1 – December 31) unless a qualifying status change occurs, as defined by the plan. The Office of Human Resources Customer Service Center must receive notification of the change within 31 days. I certify that all information provided on this form is true and correct to the best of my knowledge.

Signature of Applicant Date

Payments are due: On the first day of each month during the leave. **Make checks payable to:** The Ohio State University

If you have questions, contact the Office of Human Resources Customer Service Center at service@hr.osu.edu, (614) 292-1050, or 1-800-678-6010.

Return completed form to: Office of Human Resources, Benefits Processing/Leaves, Suite 300, 1590 North High Street, Columbus, OH 43201-2190.