

## **Benefit Continuation**

## During Approved Family Medical Leave (FML) or Military Leave of Absence

SECTION 1: PERSONAL INFORMATION				
Employee's Full Name: First		M.I.	Last	OSU Employee ID# (required)
Daytime Phone Number			Email Address	
Start Date of Leav	re.		Expected Return	n to Work Date
		NS (vou mav continue	·	nefits in which you are currently enrolled)
☐ Continue	☐ Terminate	Medical Coverage	-	,
☐ Continue	☐ Terminate	Dental Coverage		
☐ Continue	☐ Terminate	Vision Coverage		
☐ Continue	☐ Terminate	Voluntary Group	Term Life Insura	nce (VGTLI) - Employee
☐ Continue	☐ Terminate	Voluntary Group	Term Life Insura	nce (VGTLI) - Spouse
☐ Continue	☐ Terminate	Voluntary Group	Term Life Insura	nce (VGTLI) - Child
☐ Continue	☐ Terminate	Short-Term Disability (STD)		
☐ Continue	☐ Terminate	Individuals covere	ed by Individual I	Disability Insurance (IDI) will be billed directly from UNUM
SECTION 3:	MAKING PAYMEN	TS		
for all elected	d benefits until you r	,	ment. If a billing	oices for the employee contribution rates (i.e., premium payments) statement is not received, please contact
<ul> <li>Payment of t by the last da benefits will</li> </ul>	the applicable emplo ay of the following m	yee contributions is du nonth (the "grace perio irst day of the month f	ue on the last day	of each month. If the employee contributions are not received benefits will be terminated for lack of payment. Termination of ce period. You are responsible for employee contributions missed
	ay be sent to The Oh online at <b>go.osu.ed</b>		counts Receivab	le, PO Box 182905, Columbus, OH 43218. Or, for a processing fee
SECTION 4:	AUTHORIZATION			
				nce document and understand the following:
to pay those	employee contributi	ons promptly and in fu	ıll. If employee co	nefits while on an approved unpaid leave of absence. I agree ontributions are not paid in full, the elected benefits will be ontributions missed prior to my coverage termination date.
	are Flexible Spendin ted upon my return		emain available fo	or the remainder of the plan year and missed payroll contributions
• I have 30 days from return from leave to re-elect benefit elections. I further understand that evidence of insurability (EOI) may be recoverage(s).				
• Enrollment in a Dependent Care FSA, if applicable, will be terminated if leave exceeds 30 days. I am responsible for re-enrolling in Dependent Care FSA (if desired) within 30 days of return from leave.				

Signature of Employee Date

· All benefits are subject to the terms and conditions set forth in the applicable plan, program or policy.

For additional information or to submit your form electronically, contact HR Connection at **hrconnection.osu.edu**, **(614)247-myHR (6947)** or **HRConnection@osu.edu**. Representatives are available Monday-Friday, 8 a.m. – 5 p.m.

If you print a hard copy, return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing, 1590 North High Street, Suite 300, Columbus, OH 43201-2190, or fax to: 614-292-7813.