

SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First	M.I.	Last	OSU Employee ID# (required)
Daytime Phone	Email Address		
Start Date of Leave	Expected Return to Work Date		

SECTION 2: BENEFIT ELECTIONS (you may continue coverage in benefits in which you are currently enrolled)

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Medical Coverage |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Dental Coverage |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Vision Coverage |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Voluntary Group Term Life Insurance (VGTLI) - Employee |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Voluntary Group Term Life Insurance (VGTLI) - Spouse/SSDP |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Voluntary Group Term Life Insurance (VGTLI) - Child |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Dependent Group Term Life Insurance (DGLI) |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Short-Term Disability (STD) – premiums waived if on approved STD claim |
| <input type="checkbox"/> Continue | <input type="checkbox"/> Terminate | Individuals covered by Individual Disability Insurance (IDI) will be billed directly from UNUM |

SECTION 3: MAKING PAYMENTS

- Once you begin your unpaid leave, you will begin receiving monthly invoices for the employee contribution rates (i.e., premium payments) for all elected benefits until you return to active employment. If a billing statement is not received, please contact Customer Service at service@hr.osu.edu, **614-292-1050** or **800-678-6010**.
- Payment of the applicable employee contributions is due on the last day of each month. If the employee contributions are not received by the last day of the following month (the "grace period"), then elected benefits will be terminated for lack of payment. Termination of benefits will be effective on the first day of the month following the grace period. You are responsible for employee contributions missed prior to your coverage termination date.
- All employee contributions must be paid by money order or personal check made payable to The Ohio State University. Checks must include your name and your OSU employee ID number written in the "memo" section.
- Payments must be sent to the Office of Human Resources, Benefits Processing/Leaves, 1590 North High Street, Suite 300, Columbus, OH 43201-2190.

SECTION 4: ACKNOWLEDGMENT

I have read the Benefits Continuation while on Approved Leave of Absence document and understand the following:

- I will be responsible for paying employee contributions for all elected benefits while on an approved unpaid leave of absence. I agree to pay those employee contributions promptly and in full. If employee contributions are not paid in full, the elected benefits will be terminated for lack of payment and I will be responsible for employee contributions missed prior to my coverage termination date.
- All benefits are subject to the terms and conditions set forth in the applicable plan, program or policy.

Signature

Date

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

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