



- Instructions: 1. Complete this request and return to Benefits Services at the address above. Upon receipt, the proper forms will be sent to you. 2. Please print or type in ink.

EMPLOYEE INFORMATION form with fields for Employee Name, ID Number, Department, Leave of Absence Dates, Campus Phone Number, Mailing Address, Home Phone Number, Phone Number While on Leave, and Alternate Contact Name and Address.

ELECTION TO CONTINUE DIRECT PAY OR DECLINE CONTINUATION (premium rates on page 2) table with columns for Enroll, Decline, Type of Coverage, Plan Name, and HR Use Only. Includes text for Continue Coverage (Enroll) and Decline Coverage.

BENEFITS SERVICE USE ONLY form with fields for Benefits Services Representative and Direct Pay Effective Date.