



## Leave Application for Continuation of Group Benefits

For FMLA/PFL:

Before completing, please read documents titled ["Information on Continuation of Benefits While on FMLA/PFL"](#) and [FMLA/PFL Rates](#)

For LOA (non-FMLA/PFL):

Before completing, please read documents titled ["Information on Continuation of Benefits While on Leave of Absence"](#) and [LOA Rates](#)

Employee's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Campus: \_\_\_\_\_

Leave Period: From \_\_\_\_\_ To \_\_\_\_\_

Continue:

\_\_\_\_\_ **Health Insurance**

**FMLA/PFL:** The employee share of the biweekly premium must be paid for continuation of Health Insurance.

**LOA :** The full biweekly premium must be paid for continuation of Health Insurance.

\_\_\_\_\_ **Dental Insurance**

**FMLA/PFL:** The employee share of the biweekly premium must be paid for continuation of Dental Insurance.

**LOA:** The full biweekly premium must be paid for continuation of Dental Insurance.

\_\_\_\_\_ **Vision**

**FMLA/PFL:** The employee share of the biweekly premium must be paid for continuation of Vision Insurance. (if applicable)

**LOA:** The full biweekly premium must be paid for continuation of Vision Insurance.

\_\_\_\_\_ **Basic Life Insurance**

Basic Life continuation requires payment of the Foundation premium.

\_\_\_\_\_ **Optional Life Insurance**

Optional Life Insurance continuation requires payment of the employee premium.

**\* A copy of the approved Employee Request for Leave must be attached.**