FMLA/Unpaid Leave of Absence (Non-FMLA)
Benefit Continuation Application

Employee Last Name (Please print)	First Name	Banner ID	Email/Access ID

Street Address	City	State	Zip Code

Date of FMLA/Unpaid Leave of Absence	Date of Birth	Phone

Check one: ☐ FMLA (Unpaid) ☐ Unpaid Leave of Absence (Non-FMLA)

Check the box of your current benefits to be continued (changing carriers is not available):

Medical Insurance:

- ☐ Blue Cross Blue Shield
- ☐ Blue Care Network
- ☐ Health Alliance Plan
- ☐ Priority Health
- ☐ Community Blue

Dental, Vision and Life Insurance:

- ☐ Delta Dental
- ☐ Eye Med
- ☐ Sun Life

I understand and agree:

By completing this form, all currently covered dependents will have continuation of coverage. To terminate any dependents at this time, submit the Life Status/Open Enrollment Change Form with this form.

Please note:

- FMLA (Unpaid) is billed at the monthly employee cost with university subsidy.
- Unpaid Leave of Absence (Non-FMLA)/Absence without Pay is billed at 100% of the cost to the employee.

I agree to pay the required premiums for this coverage to Wayne State University's third party billing administrator on a monthly basis.

I understand that failure to make prompt payments may result in the cancellation of this coverage. I hereby authorize Wayne State University to collect the sum due, as a result of nonpayment, from any amounts due to me from WSU including, but not limited to, compensation in the form of salary and/or wages for personal service. More specifically, in reference to deductions from salary and/or wages, I consent to and authorize WSU to make deductions from successive salary/or wage payments up to the maximum amount allowed by union contract or university policy, until the entire amount of my obligation has been satisfied. I understand that if this is not possible, WSU will pursue all legal means of collection.

I agree to cancel this coverage by submitting a cancellation notice, in writing, to: HR Service Center, 5700 Cass Avenue, Suite 3638, Detroit, Michigan 48202. I understand that coverage will be effective until the end of the month in which written cancellation notification is received by the HR Service Center. I understand that if I do not provide written notice to cancel this coverage that I will be required to reimburse the university for premiums remitted to the insurance carrier on my behalf.

Employee Signature	Date

Please return to:
HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; E-mail: askhr@wayne.edu. Use your WSU E-mail and include "#SECURE" in the subject line to ensure your personal information is encrypted.