Wayne State University
FMLA/Leave of Absence Benefit Continuation Application Form

☐ FMLA (Unpaid)
☐ Unpaid Leave of Absence

Applicant Information (Please Type or Print):

Applicant Name: Last, First, MI | Banner I.D. # | Access I.D. # | Birth Date

Address | City | State | Zip Code | Telephone No.(Include Area Code)

E-mail address | Effective date of FMLA/Leave of Absence

PLEASE CHECK THE CURRENT BENEFIT(S) YOU WISH TO CONTINUE

☐ Blue Cross & Blue Shield ☐ Blue Care Network ☐ Health Alliance Plan ☐ The Standard Life Insurance

☐ Community Blue ☐ DMC Care ☐ Total Health Care ☐ Delta Dental Plan ☐ Eye Med Vision

By completing this form all currently covered dependents will have continuation of coverage.
(Complete Life Status Change and Termination Form to terminate dependent coverage)

I agree to cancel this coverage by writing to Total Compensation and Wellness, 5700 Cass Avenue, Suite 3638, Detroit, Michigan 48202. I understand that cancellation of coverage will be effective at the end of the month in which written notification is received by Total Compensation and Wellness. 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.

I understand and agree to pay the required premiums for this coverage. I understand that failure to make prompt payments may result in the cancellation of this coverage.

I hereby authorize Wayne State University (WSU) to collect the sum due from any amounts due to me by 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.

Print Name | Signature | Date

Revised: March 2012