

***UCSC INSURANCE CONTINUATION ELECTION FORM
FOR EMPLOYEES ON LEAVE WITHOUT PAY (LWOP)**

Important Notice - failure to return this form on time may result in a loss of coverage.

When you are on leave without pay, you must take immediate action in order to continue or cancel your University insurance. You should complete this form, indicating the action you wish taken for each plan, and return it no later than the 10th of the month following the first day of your leave without pay to:

UCSC PAYROLL OFFICE, 1156 HIGH STREET, SANTA CRUZ, CA 95064

Please read the attached sheet for important information regarding your insurance plans and instructions on how to complete this form. Please make a copy of this form for your records. If you do not list a particular insurance plan and/or indicate whether it should be continued or cancelled, **the plan will be subject to cancellation***. If you cannot remember which insurance plans you have, call the campus Benefits Office at (831) 459-2013 for assistance.

UCSC ELECTION TO CONTINUE/CANCEL INSURANCE PLANS

Name: _____ ID#: _____

Home Address: _____

Home Phone: _____ Unit: _____

Period of Leave without Pay: From: _____ to _____

Check any that apply: LWOP: _____ FMLA: _____ Workers' Compensation: _____

Insurance Plan	Continue	-OR-	Cancel*	Monthly Premium	Total Premium (Lump Sum)	Payroll Use
Medical: _____	()		()	\$ _____	\$ _____	_____
Dental: _____	()		()	\$ _____	\$ _____	_____
Vision Service Plan	()		()	\$ _____	\$ _____	_____
Signature Legal	()		()	\$ _____	\$ _____	_____
Supplemental Life	()		()	\$ _____	\$ _____	_____
Basic Dep. Life	()		()	\$ _____	\$ _____	_____
Expanded Dep. Life	()		()	\$ _____	\$ _____	_____
AD&D	()		()	\$ _____	\$ _____	_____
HCRA –FMLA recipients only	()		()	N/A	N/A	_____

Enclosed is my check/money order in the amount of \$ _____ (monthly) or \$ _____ (lump sum) made payable to "UC Regents" for the following payroll month(s):

() Jan. () Feb. () Mar. () April () May () June () July () Aug () Sept. () Oct. () Nov. () Dec.

***Note:** It is your responsibility to contact the campus Benefits Office upon your return from leave in order to initiate benefits enrollment in any coverage you cancel during your leave.

Employee Signature

Date

For nine month academics appointed for the entire academic year, payroll dates are:

Fall Quarter: 7/1 to 10/31 Winter Quarter: 11/1 to 2/28 Spring Quarter: 3/1 to 6/30