



# Benefit Continuation During Unpaid Leave Election

## PERSONAL INFORMATION

Employee's Full Name: First	M.I.	Last	WVU Employee ID# (required)
Daytime Phone	Email Address		
Start Date of Leave	Expected Return to Work Date		

## BENEFIT ELECTIONS DURING LEAVE

- Continue     Terminate    Medical Coverage
- Continue     Terminate    Dental Coverage
- Continue     Terminate    Vision Coverage
- Continue     Terminate    Life Insurance - Employee
- Continue     Terminate    Life Insurance - Dependent
- Continue     Terminate    Legal Coverage
- Continue     Terminate    Accident Insurance
- Continue     Terminate    Short-Term Disability
- Continue     Terminate    Long-Term Disability - premiums waived if on approved claim. Vendor will not reimburse premiums.

## MAKING PAYMENTS

- Your benefits continue when you are on a paid leave of absence. Your employee contributions are deducted from your pay, as usual.
- Once you begin your unpaid leave, you will begin receiving monthly invoices for the employee contribution rates (i.e., premium payments) for all elected benefits until you return to active employment. If a billing statement is not received, please contact Customer Service at [BenefitsBilling@mail.wvu.edu](mailto:BenefitsBilling@mail.wvu.edu) or 304.293.5700 ext 4 and request Benefits Billing.
- Payment of the applicable employee contributions is due on the last day of each month. If the employee contributions are not received by the last day of the following month (the "grace period"), then elected benefits will be terminated for lack of payment. Termination of benefits will be effective back to the last day of the month for which benefits were paid in full. You are responsible for employee contributions missed prior to your coverage termination date.
- All employee contributions must be paid by money order or personal check made payable to either WVU or Mt Flex Benefits as directed on the invoice. Checks should include your name and your WVU employee ID number written in the "memo" section.
- Payments must be sent to the Office of Human Resources, Benefits Billing, PO Box 6640, 1 Waterfront Place, Morgantown, WV 26508

## ACKNOWLEDGMENT

**I have read the Benefits Continuation while on Approved Leave of Absence document and understand the following:**

- I will be responsible for paying employee contributions for all elected benefits while on an approved unpaid leave of absence. I agree to pay those employee contributions promptly and in full by the due date. If employee contributions are not paid in full, the elected benefits will be terminated for lack of payment and I will be responsible for employee contributions missed prior to my coverage termination date. If I choose to terminate coverage while on unpaid leave, I can apply for a change in status upon returning to payroll to enroll again for benefit coverage. Evidence of Insurability may be required.
- All benefits are subject to the terms and conditions set forth in the applicable plan, program or policy.

Signature	Date - if not filing electronically
<p>If you have questions, contact the Office of Human Resources at:  <a href="mailto:BenefitsBilling@mail.wvu.edu">BenefitsBilling@mail.wvu.edu</a> or 304.293.5700 ext 4  Return completed form to: Office of Human Resources,  Benefits Billing, PO Box 6640, 1 Waterfront Place, Morgantown, WV 26508</p>	