

**ADM 4302**

**GROUP LIFE INSURANCE  
CONTINUATION LAID OFF EMPLOYEES**

**Pursuant to Ohio Revised Code Section 124.81(C) and applicable Administrative Rules, you are entitled to have life insurance coverage while in laid-off status for a period of one year providing you pay the total year premium prior to leaving state service. You may be eligible for a partial refund if you are recalled from layoff within 12 months.**

Employee Name \_\_\_\_\_ State of Ohio User ID \_\_\_\_\_

Agency Name \_\_\_\_\_ Bargaining Unit # \_\_\_\_\_

Amount of Coverage: \_\_\_\_\_ (See the "Group Life" amount on your OAKS paystub).

Date of Layoff: \_\_\_\_\_

**Rate:** \$0.130 per \$1,000/month for bargaining unit members  
\$0.105 per \$1,000/month for exempt employees

Examples: \$40,000 = 40 units X \$.130 X 12 months = \$62.40 (bargaining unit employees)  
\$40,000 = 40 units X \$.105 X 12 months = \$50.40 (exempt employees)

TOTAL ANNUAL PREMIUM \$ \_\_\_\_\_

I elect coverage in the amount listed above and have attached a personal check or money order for the annual premium amount.

\_\_\_\_\_  
Employee signature Date

**Payment Instructions:**

Employees represented by a bargaining unit should make their check payable to Prudential and mail it along with this form to: Union Benefits Trust, 390 Worthington Rd, Suite B, Westerville, OH 43082

Exempt employees should make their check payable to: Employee Benefit Fund 8100 and mail it along with this form to: Benefits Administration Services, c/o Life Insurance Manager, 30 E. Broad St., 27th Floor, Columbus, OH 43215.

**DO NOT WRITE BELOW THIS LINE**

Coverage begins (month after layoff): \_\_\_\_\_ Coverage expires: \_\_\_\_\_

Date paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date of refund: \_\_\_\_\_