

# ADM **4302**                      **GROUP LIFE INSURANCE** **CONTINUATION FOR 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.

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

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

Amount of Coverage \_\_\_\_\_ (see "Group Life" amount on your OAKS paystub.  
You may elect up to this amount in \$10,000 increments.)

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

Rate: \$0.135 per \$1,000/month for bargaining unit members  
and exempt employees

Example:      \$40,000=40 units X \$.135 X 12 months=\$64.80

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 810 and mail it along with this form to: Benefits Administration Services, c/o Life Insurance Manager, 30 E. Broad St, 27<sup>th</sup> Floor, Columbus OH 43215

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**DO NOT WRITE BELOW THIS LINE**

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Coverage begins (month after layoff) \_\_\_\_\_ Coverage expires: \_\_\_\_\_  
Date paid: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date of refund: \_\_\_\_\_