



# The MEARIE Group Employee Benefit Program REQUEST FOR BENEFIT CONTINUATION FORM

THE MEARIE GROUP USE ONLY

Insurer  Policy No.

## SECTION 1 - Plan Member Information

Employer Name

Division Number

Class Number

Plan Member ID

Payroll ID (if applicable)

Plan Member Name

First Name

Last Name

Date of Hire  
(MM/DD/YYYY)

Last Day Worked/Paid  
(MM/DD/YYYY)

Member Termination      ESA End Date  
(MM/DD/YYYY)

Leave of Absence      RTW Date  
(MM/DD/YYYY)

Other      Please specify:

Is the Member Disabled?     Yes     No

## SECTION 2 - Benefit Continuation Request

Please indicate ONLY those benefits to be continued, the amount of benefit (if applicable) and the last date of coverage. For members going on approved leave, please indicate their expected RTW date. For Member terminations, the following benefits CANNOT be continued beyond the ESA period: Long-Term Disability, Short-Term Disability, Supplemental/Optional Life, Life Waiver of Premium and Out of Country/Travel Assistance.

BENEFIT	BENEFIT AMOUNT	LAST DAY OF COVERAGE REQUESTED (MM/DD/YYYY)	
<input type="checkbox"/> Basic Term Life Insurance		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Basic Life Insurance		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Supplemental and Optional Life Insurance		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> AD&D Insurance		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Long-Term Disability		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Short-Term Disability		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Health	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Dental	<input type="checkbox"/> Single <input type="checkbox"/> Family	<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Employee Assistance Program (EAP)		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Best Doctors		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Healthcare Spending Account		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Critical Illness		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:
<input type="checkbox"/> Other (please specify):		<input type="checkbox"/> ESA End Date	<input type="checkbox"/> Other:

## SECTION 3 - Plan Administrator Authorization (no signature required)

As the plan administrator, I authorize The MEARIE Group to process the changes noted above.

Plan Administrator Name

Date (MM/DD/YYYY)

### The Plan Administrator is responsible for the following:

1. Obtaining legal advice regarding termination of employment and continuation of benefits including ESA legislation, if applicable;
2. Collecting any required plan member premium contributions for the benefits to be continued, as applicable;
3. Advising The MEARIE Group if, subsequent to the approval of continuation of benefits, coverage should cease earlier than requested; and
4. Informing the plan member of the terms and conditions under which coverage is being continued.

TMG - RFBC - 12.18.17