Pitzer College

FACULTY: UNPAID LEAVE OF ABSENCE

FORM TO DETERMINE BENEFIT COVERAGE

Faculty Name_____**SSN**_____

Forwarding Address During Leave:

_____

Street **City** **State** **Zip**

Telephone Number During Leave:_____

Unpaid leave of absence has been approved for the following time period:

Beginning:_____**through**_____

INDICATE YOUR CHOICE BELOW: Please checkmark to indicate if you wish to continue or cancel coverage on each of the following benefits in which you are now enrolled.

SEND OR TAKE THIS COMPLETED FORM TO THE BENEFITS OFFICE. The Benefits Office will return it to you with the cost of each monthly premium noted. Retain a copy for your file.

BENEFIT	**Premium Cost**	**Continue**	**Cancel**
Life:			
Supplement _____	_____	_____	_____
Tri-Term _____	_____	_____	_____
Health _____	_____	_____	_____
Dental _____	_____	_____	_____
AD&D _____	_____	_____	_____

FACULTY SIGNATURE:_____

PAYMENTS: ***Payments are due on the first of every month and should be sent to: The Benefits Office, Pendleton Business Building, 150 E. Eighth Street, Claremont, CA 91711. Checks should be made payable to: The Claremont Colleges. Phone numbers for the Benefits Office: (909) 607-3195 or 607-3684.***

First payment due:_____

If you are on unpaid leave and have Long-Term Disability Insurance you may not be covered during your leave unless you exercise your conversion privilege. Please reapply when you return. If you have auto or home insurance or credit union payroll deductions, please contact these companies directly to make arrangements for payment.

BENEFITS WILL BE DISCONTINUED IF THIS FORM IS NOT COMPLETED AND RETURNED TO THE BENEFIT OFFICE BEFORE THE FIRST DAY OF THE MONTH OF COVERAGE.

Final Distribution by Benefits:	**-Employee**	**-HR Office**	**-Dean of Faculty**	**-Benefits**