



**University Insurance Association (UIA)
Continuation Application/Ballot Request**
Policy 32872



UW Institution must complete this section			
Employee Name (Last, First, Middle)		Social Security Number	
Date of Birth (Mo/Day/Yr)	Reason for Continuation* <input type="checkbox"/> WRS Retirement <input type="checkbox"/> WRS Disability	Last Date Paid (Mo/Day/Yr)	Policy Paid Through September 30, _____
The premium and continuation application must be submitted directly to Minnesota Life and must be postmarked no later than 60 days from the policy paid through date. This completed form and premium must be postmarked no later than November 29, _____			
Prepared By	Date (Mo/Day/Yr)	Telephone Number	UW Institution Name

*Effective 10/01/2013, UIA continuation is only available when terminating employment for either a WRS retirement or disability.

Employee – Choose a payment method below (check one of the following):	
<input type="checkbox"/>	I attached a check in the amount of \$26.00 and authorize Minnesota Life to bill me annually each year in August for this insurance.
<input type="checkbox"/>	I authorize Minnesota Life to deduct the monthly premium (currently \$2.00 monthly) from the checking account at the financial institution indicated below. I understand that Minnesota Life will continue to deduct premiums from my checking account until I give written notice to discontinue. Please attach a voided check.
Financial Institution Name	Checking Account Number
Financial Institution Address	

Employee – Complete information below and sign the Continuation Application:		
<p>In order to continue coverage I understand that this Continuation Application must be postmarked NO LATER THAN November 29th of the policy year through which my premiums have been paid as indicated above. If postmarked after that date my request for continuation will be rejected.</p> <p>I understand that if I return to work as a rehired annuitant at the University, I must notify my payroll representative that I am a rehired annuitant because I will not be eligible to have the payment for this insurance deducted from my earnings. I understand that if I return to WRS employment I am eligible for coverage as an active employee and will resume having the payment for this insurance deducted from my UW earnings.</p>		
Employee Signature	Date (Mo/Day/Yr)	Telephone Number
Address (Street, City, State, Zip Code) - REQUIRED		

Send Completed Form and Premium Payment To:
Minnesota Life Insurance Company – UIA Group Insurance
P.O. Box 259708, Madison, WI 53725-9708

For Minnesota Life Office Use Only			
Transit Number	Recorded by	Effective Date	Monthly Premium

UWS 1206 (10/2013)

For Plan Information and Schedule of Benefits: <http://www.uwsa.edu/ohrwd/benefits/life/ui/>