

State of Michigan
Civil Service Commission
EMPLOYEE BENEFITS DIVISION
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909
800-505-5011

PLAN C - LEAVE OF ABSENCE FORM

Instructions: Human Resource Offices should use this form to notify the Employee Benefits Division when an employee is going on a Plan C leave of absence so that the employee/state share of the health, dental, vision, and life insurance premiums may be prepaid. Please FAX this form to the Employee Benefits Division at 517-284-0078 as soon as possible.

Preparer Name		Preparer Phone Number	
EMPLOYEE INFORMATION			
Name		Employee ID No.	Birth Date (MM/DD/YYYY)
Last Day of Pay Status (MM/DD/YYYY)		Plan C Pay Period End Date (MM/DD/YYYY)	
Health Code	Dental Code	Vision Code	Life Code