

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 on their last paycheck. Please fax this form to the Employee Benefits Division at 517-284-0078 or email it to MCSC-EBD@michigan.gov as soon as possible but prior to their last day in pay status.

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)				
Extend The Following Benefits to the Plan C Pay Period End Date:		Health	Dental	Vision	Dependent Life	Employee Life