

**PUBLIC SERVICE GROUP INSURANCE FUND
CONTINUATION OF GROUP INSURANCE DURING AN EMPLOYER APPROVED LEAVE
OF ABSENCE OR LAY-OFF**

PERSONAL INFORMATION (to be answered in full by employee, please print or type)

Name of Employee _____
(Last Name) (Given Names in Full)

Employee Number _____ Employer _____

I hereby make application to continue my present insurance under the Insurance Plans from _____
Date to Date

I agree to pay the necessary contributions required to maintain the insurance policies in force during my approved leave of absence or lay-off.

1. Life
 10.59¢ bi-weekly/\$1,000 of annual salary for each Class*

PLUS

2. Accidental Death and Disablement
 1.58¢ bi-weekly/\$1,000 of annual salary
 to a maximum of \$25,000 for Class 1, \$50,000 for Class 2, and \$75,000 for Classes 3, 4, and 5.

3. Dependents
 \$1.60 bi-weekly/Unit

Contributions are payable in advance prior to the bi-weekly period to which the contribution applies. Insurance during an employer approved leave of absence/lay-off shall continue but cannot be extended beyond a 48 month period.

*subject to age reductions and maximum insurance of \$1,000,000

Signature of Insured Member _____
Date

Witness to the Above Signature _____
Date