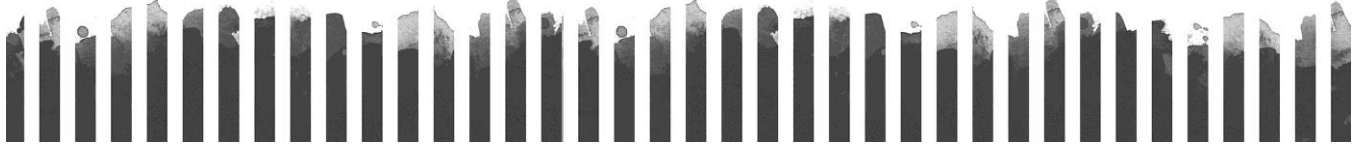




PEF MEMBERS ON MILITARY LEAVE



To maintain your voluntary insurance benefits, you must complete this form.

Name: _____ PEF MIN: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: (____) _____ E-mail Address (optional): _____

I will go off the payroll on: _____ (Month/date) Return to Work Date: _____ (Month/date)

I wish to maintain my PEF Membership* and the following benefits:

- Group Term Life Insurance—Premiums for member's coverage are waived for one year.
- Long-Term Disability Insurance

Please check the appropriate box(es) below to indicate any benefits you currently pay for via payroll deduction. PEF MBP will notify the appropriate carrier and you will be billed directly.

- Hospital Indemnity Voluntary Legal Service Plan Auto Insurance Homeowner/Renters
- Private Retirement Annuity/Roth IRA

Signature*

Date

* To insert your electronic signature, click Fill & Sign on the right navigation or under Tools, then click on the Sign symbol at the top of the PDF. Create your signature and place on the signature line.



Return your signed form to mbinsurance@pef.org.

Or mail to: PEF Membership Benefits Program
10 Airline Drive
Suite 101
Albany, NY 12205