



**The California State University
Health Care Reimbursement Account (HCRA)**



**REQUEST FOR DIRECT PAY ENROLLMENT
(COBRA AND LEAVE WITHOUT PAY)**

Complete this form and return to the Campus Benefits Representative

Employee Name (First) (MI) (Last)		Social Security Number		Campus			
Address		City		State		Zip	
Signature →				Date			
Reason for Request (check one)						Monthly Contribution Amount \$ _____	
<input type="checkbox"/> Separation from Employment Termination Date _____		<input type="checkbox"/> Leave Without Pay Effective Date _____ Expected Length _____ Is this a FMLA leave? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Complete this section if applicant is not the employee							
Name of Applicant			Relationship to Employee		Social Security Number		
Signature →				Date			
Participation Rules: <ol style="list-style-type: none">1. You must have a balance in your account prior to separation or leave without pay to be eligible for continued participation. No account balance is required if you are on an unpaid Family Medical Leave (FMLA).2. If request for continued participation is approved, you may participate until the end of the plan year. If you go on leave without pay and it extends beyond the end of the plan year, you will not be eligible to reenroll in the plan until you return to active status. Separated employees are not eligible to reenroll in subsequent years.3. Participation after separation will be pursuant to COBRA qualification. Under COBRA, federal regulations specify that you and/or your dependent(s) have 60 days (the "Election Period") from the later of the date of notification of a qualifying event, or the loss of coverage to elect to continue participation, and 45 days from the date of election to submit the first contribution to ASI, the Third Party Administrator. Eligibility based on Leave of Absence will be in accordance with the same timelines.4. You will receive a coupon booklet for payments, which confirms your continued participation. The first payment submitted to ASI must be sufficient to bring the payments current.5. You will be billed 102% of your monthly contribution (for COBRA and Leaves Without Pay).6. All payments must be made directly to ASI. If ASI does not receive payments by the 10th of each month, you will lose eligibility to continue participation.							
Campus Benefits Representative to mail this form to: <p style="text-align: center;">ASI P. O. Box 6044 COLUMBIA, MO 65205-6044 Telephone Number: (800) 659-3035</p>							
CSU Use Only							
Account Balance (at time of Separation or Leave) \$ _____		Actual Monthly Contribution (including 2% fee) \$ _____			Action <input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Signature of Reviewer →			Title →		Date		