



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: _____ Return to Work Date: _____
(Month/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

If you currently have payroll deduction for any of the following benefits, check here and we will notify the individual carriers to bill you directly:

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

Signature

Date



Return signed form to:
PEF Membership Benefits Program
10 Airline Drive
Suite 101
Albany, NY 12205