

**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? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Complete this section if applicant is not the employee

Name of Applicant	Relationship to Employee	Social Security Number
Signature →	Date	

Please note the following information:

- Continuation payments are not made via the payroll system; therefore, there is no income tax savings associated with continuation of the HCRA Plan.
- You must have a balance in your account prior to separation or leave without pay to be eligible for continued participation.
- 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.
- Participation after termination or other COBRA qualifying events 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 continuation of coverage/COBRA notice, or the date of 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 a leave of absence will be in accordance with the same timelines.
- 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.
- You will be billed 102% of your monthly contribution for COBRA.
- All payments must be made directly to ASIFlex. Payments are due to ASI the 1st of the month. There is a 30-day grace period. If ASI does not receive payments by the 30th of each month, your participation will end on the last day of the preceding month.

Campus Benefits Representative to mail this form to:

**ASIFlex
P. O. Box 6044 - COLUMBIA, MO 65205-6044
Telephone Number: (800) 659-3035**

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