



**University Insurance Association (UIA)  
Continuation Application/Ballot Request  
Policy 32872**



UW Institution must complete this section			
Employee Name (Last, First, Middle)		Social Security Number	
Date of Birth (Mo/Day/Yr)	Reason for Continuation <input type="checkbox"/> Retirement <input type="checkbox"/> Termination	Last Date Paid (Mo/Day/Yr)	<b>Policy Paid Through September 30, _____</b>
The premium and continuation application must be submitted directly to Minnesota Life and must be postmarked no later than 60 days from the policy paid through date. <b>This completed form and premium must be postmarked no later than November 29, _____</b>			
Prepared By	Date (Mo/Day/Yr)	Telephone Number	UW Institution Name

Employee - Indicate below the reason for applying for continuation (check one of the following):	
<input type="checkbox"/>	I am retiring from University of Wisconsin and elect the payment method indicated below. I understand that if I return to work as a rehired annuitant at the University, I must notify my payroll representative that I am a rehired annuitant because I will not be eligible to have the payment for this insurance deducted from my earnings.
<input type="checkbox"/>	I am terminating service and elect the payment method indicated below. I understand that if I return to work for the University of Wisconsin and am eligible for coverage as an active employee that I will resume having the payment for this insurance deducted from my UW earnings.

Employee – Choose a payment method below (check one of the following):	
<input type="checkbox"/>	I attached a check in the amount of \$26.00 and authorize Minnesota Life to bill me annually each year in August for this insurance.
<input type="checkbox"/>	I authorize Minnesota Life to deduct the monthly premium (currently \$2.00 monthly) from the checking account at the financial institution indicated below. I understand that Minnesota Life will continue to deduct premiums from my checking account until I give written notice to discontinue. <b>Please attach a voided check.</b>
Financial Institution Name	Checking Account Number
Financial Institution Address	

Employee – Complete information below and sign the Continuation Application:		
<b>In order to continue coverage I understand that this Continuation Application must be postmarked NO LATER THAN November 29th of the policy year through which my premiums have been paid as indicated above. If postmarked after that date my request for continuation will be rejected.</b>		
Employee Signature	Date (Mo/Day/Yr)	Telephone Number
Address (Street, City, State, Zip Code) - <b>REQUIRED</b>		

**Send Completed Form and Premium Payment To:**  
Minnesota Life Insurance Company – UIA Group Insurance  
P.O. Box 259708, Madison, WI 53725-9708

For Minnesota Life Office Use Only			
Transit Number	Recorded by	Effective Date	Monthly Premium