

MSU Human Resources **Benefits**  
1407 S. Harrison Road, Ste 140A  
East Lansing, MI 48823-5287

**MSU HARDSHIP APPLICATION**  
Part-time Faculty/Academic and Support Staff/Retirees  
Single or 2-Person Coverage Only

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
\_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby request the monthly hardship contribution for part-time employees/retirees for the plan year July 1, 2009 through June 30, 2010. I understand my contribution will be based on the family rate of Physician's Health Plan.

I was an employee or an MSU retiree prior to July 1, 1998 and I am applying for hardship under the following criteria (*please check the appropriate box*):

- I do not have access to other health coverage (other than Medicare, if retired) through a spouse's group plan as an active employee or retiree.  
**NOTE: You must provide a letter from your spouse's employer (on the employer letterhead) indicating you do not have access to their coverage. Paying a premium for the other coverage does not meet MSU Hardship rules.**

**OR**

- I am not married and do not have access to other health care coverage (other than Medicare) and I am not eligible for other employer group coverage as an active employee or retiree.

I understand that if any of the above information should change during the plan year, I must notify MSU Human Resources Benefits within 31 days of that change. A new "hardship" application must be submitted for each plan year I am eligible for hardship. If I do not report a change and subsequent to an audit it is determined I was not eligible for the hardship contribution, I authorize MSU to deduct the retroactive premiums due from my next MSU paycheck.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Benefits use only:**

Approved  Denied Reason: \_\_\_\_\_

Response date to employee: \_\_\_\_\_