

MEMORANDUM OF UNDERSTANDING  
FOR EMPLOYEES IN A NONPAY STATUS

**UNITED BENEFIT LIFE INSURANCE COMPANY (UBLIC)**

Underwritten by Mutual of Omaha

1. I understand that I will have continued protection for up to 365 days while I am in a nonpay status, and that in order to do this I am required to pay a full year's premium in advance. I understand that if I return to duty prior to the completion of the 365 days, premium deductions from my paycheck will resume. I understand that it is my responsibility to notify insurance services division upon my return to a pay and duty status and request reimbursement of the balance of my prepaid premiums.
2. I understand that I must notify GEHA Insurance Programs if I wish to terminate my coverage at any time during my nonpay status. I further understand that my coverage will cease at the completion of 365 days in a nonpay status and that I must notify GEHA Insurance Programs prior to the end of my coverage if I wish to convert to an individual policy with the underwriter.

I **plan to continue** UBLIC while in a nonpay status.

\_\_\_\_\_  
SIGNATURE DATE  
SSN: \_\_\_\_\_

I **do not** plan to continue UBLIC while in a nonpay status.

\_\_\_\_\_  
SIGNATURE DATE  
SSN: \_\_\_\_\_

My address while on LWOP:

\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

My LWOP effective date is: \_\_\_\_\_