



MSU Human Resources
Affidavit of Termination of Other Eligible Individual (OEI) Partnership

This Termination Form is to be used when an MSU employee’s OEI partnership is dissolved, or an OEI partner dies. By signing this form, I am affirming that the “Other Individual Form” shall be invalid as of _____.
MM/DD/YYYY

Termination of the OEI partnership is due to:

_____ OEI partnership terminated or no longer meets the OEI program criteria

OR

_____ Death of OEI partner _____ Date of Death
MM/DD/YYYY

I understand that my partner’s (and their dependent(s)) coverage will continue through the end of the month of the partnership termination unless continuation of coverage is chosen.

I hereby agree to mail a copy of this signed statement to my surviving former OEI partner.

The non-MSU OEI partner (and eligible dependent(s)) is no longer eligible for coverage through MSU’s group plans but will have eligibility to continue health and/or dental coverage.

The following is the name and address of my former partner for purposes of mailing continuation of coverage information:

Former OEI Name (Last, First, Middle Initial)

Former OEI Address (Street, City, Zip Code)

Employee Signature

Date (MM/DD/YYYY)

Employee Printed Name

Employee Daytime Phone Number

Please return this form to MSU Human Resources by email (SolutionsCenter@hr.msu.edu), fax (517-432-3862) or drop-off in person at 1407 S. Harrison Rd., Suite 110, East Lansing, MI 48823.

Further Information can be found at <https://hr.msu.edu/benefits/other-eligible-individual/index.html>.