

## Declaration of Termination of Other Eligible Individual Status

*For all CMU Benefits*

### Employee Information

Employee Name: \_\_\_\_\_

Employee Campus ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

### OEI Information

Name of OEI: \_\_\_\_\_

### Certification & Signature

I affirm that the Other Eligible Individual listed above, terminated as of: \_\_\_\_\_  
(mm/dd/yyyy)

Termination of the Other Eligible Individual Status is due to:

\_\_\_\_\_ Loss of Eligibility Status of Other Eligible Individual

\_\_\_\_\_ Death of Other Eligible Individual

I hereby agree to mail a copy of this Declaration of Termination of Other Eligible Individual Status Form to my surviving former Other Eligible Individual.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please return this form to: Central Michigan University • Benefits & Wellness Office  
108 Rowe Hall • Mount Pleasant, MI 48859  
Email: [benefits@cmich.edu](mailto:benefits@cmich.edu)  
Fax: 989-774-1058

Questions about OEI eligibility and enrollment, contact the Benefits & Wellness office at 989-774-3661 or [benefits@cmich.edu](mailto:benefits@cmich.edu).