The University of Vermont		& N Q M * % @ @ @ @ @ @	
	Human Resources		
REQUES	T FOR GROUP LONG-TERM DISABILITY IN	ISURANCE	
Name of Employee			
Last:	First:	Middle:	
Date of Hire:	Basic Annual Salary:	Date of Birth:	
<ul> <li>carrier, I hereby request the issuance of (che</li> <li>1. The basic income benefit only. [60</li> <li>2. The basic and optional income be</li> <li>3. No Long-Term Disability insurance required to provide evidence of inst</li> <li>By checking 1 or 2 above, I hereby authorize</li> <li>Do you want to pay your Long-Term Disability benefit</li> <li>Note: The portion of your benefit which directly correspondent</li> </ul>	0% of your base salary] enefit. [70% of your base salary] e. [I understand that if I wish to take advantage of this of surability satisfactory to the insurance carrier.] UVM to make deductions from my earnings as my cor y insurance cost share with pre-tax dollars?* ts you may receive is influenced by how you pay your premiums dur onds to the percentage of the premium paid by the employer (roughl K DIWHU WD[ GROODUV WKH SRUWLRQ F	coverage at a later date, I will be ntribution toward the cost of this insurance. []Yes []No ring the plan year in which you become disabled. y 54%) is always taxable. However:	
, I \RX SD\ \RXU SUHPLXPV ZLWK be considered taxable income. (No tax paid on the pre	K SUH WD[ GROODUV WKH SRUWLRQ RI emium = tax on future benefits.	RXU IXWXUH EHQHILWV ZKLFK FRUL	
After the initial eligibility period you ma	ay not change your election for the pre or after tax option	on until the next open enrollment period.	
Signature of Employee:		Date:	
immediate participation in the UVM Group Lo	egin the first of the month following one (1) year of ben ong-Term Disability Plan if you were insured under a Gr nt that provides income benefits for at least five (5) yea	oup Long-Term Total Disability Policy within the rs; or you are a former UVM employee returning	
		Group Number 138236 %	