



Read all information on reverse side BEFORE completing this form.

1. EMPLOYEE INFORMATION:

Employee Name: _____ Date of Birth: ____/____/____ 10-Digit Employee ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Campus: _____ Phone: _____ - _____ - _____ E-mail: _____

2. ENROLLMENT / CHANGE / TERMINATION REQUEST:

I hereby request the following:

- I wish to **ELECT** Group Long Term Disability (LTD) Coverage (applying 30 days or more after date of eligibility).
- I wish to **CHANGE** my current coverage level to the following (check one):
 - Option A** - 180 Day Benefit Waiting Period
 - Option B** - 90 - Day Benefit Waiting Period
 - Option C** - 180 - Day Benefit Waiting Period and Annuity Contribution Benefit
 - Option D** - 90 - Day Benefit Waiting Period and Annuity Contribution Benefit
- I wish to **TERMINATE** my Group Long Term Disability (LTD) Coverage

PLEASE NOTE:

- Initiation of plan participation made within 30 days of becoming an eligible employee can be processed by submitting a completed LTD enrollment/change/termination form to IU Human Resources.
- Employees may terminate their LTD coverage at any time but future re-election of coverage is subject to Evidence of Insurability. Termination of coverage can be processed by submitting a completed LTD enrollment/change/terminate form to IU Human Resources.

EVIDENCE OF INSURABILITY IS REQUIRED IF:

1. You are applying for insurance more than 30 days after first becoming eligible for it.
2. You are electing a new coverage option which provides a shorter benefit waiting period and/or the addition of the Annuity Contribution Benefit.
3. You previously terminated your LTD insurance and are now re-electing coverage.

If your enrollment or change in coverage requires Evidence of Insurability, please attach a completed Medical History Statement form to your LTD enrollment/change/termination form and mail both documents to Standard Insurance Company (address noted at the top left hand corner of the Medical History Statement) for review and determination of approval. Your coverage request will be processed after the University receives notification of approval from Standard Insurance.

3. EMPLOYEE CERTIFICATION:

I hereby authorize Indiana University to make the appropriate deductions from my earnings for my contributions toward the cost of this insurance, under the Group Long Term Disability Insurance Policy administered by The Standard.

Employee Signature: _____ Date: ____/____/____

**Return completed form to recben@iu.edu, or
Mail to IU Human Resources - ATTN: Customer Care, Poplars E165, 400 E. 7th Street, Bloomington, IN 47405-3085**



**Long Term
Disability
Premiums**

The monthly premium of the LTD insurance selected will vary based on age, salary, and the coverage option selected. The premiums will automatically be deducted from payroll. Employees can calculate how much the monthly premium will be by using the table below.

How to Calculate Monthly Premiums:

1. Choose the option you want.
2. Locate your age.
3. Find the corresponding rate in the column of the option you selected.

Option A – 180-day Benefit Waiting Period

Option B – 90-day Benefit Waiting Period

Option C – 180-day Benefit Waiting Period with the Annuity Contribution Benefit

Option D – 90-day Benefit Waiting Period with the Annuity Contribution Benefit

Calculate Monthly Premium

Effective
March 1, 2012

Age Range	A	B	C	D
Under Age 40	.00074	.00086	.00104	.00125
40 - 44	.00179	.00233	.00240	.00311
45 - 49	.00301	.00387	.00389	.00501
50 - 54	.00484	.00624	.00626	.00806
55 - 69	.00593	.00770	.00771	.01000
70 and Over	.00887	.01144	.01153	.01487

Premium Calculation:

$$\frac{\text{Base Annual Salary}}{12} = \text{Monthly Salary}$$

$$\text{Monthly Salary} \times \text{Applicable Rate from Above Table} = \text{Monthly Premium*}$$

*Premiums will automatically change based on an employee's age and salary.

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