

Read all information on reverse side before completing this form. Initiation of plan participation made within 30 days of becoming an eligible employee or termination of coverage can be processed by submitting this completed 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.

EMPLOYEE INFORMATION		
Employee Name:	Date of Birth:	10-Digit ID:
Campus:	Phone:	Email:

ENROLLMENT/CHANGE/TERMINATION REQUEST	
<input type="checkbox"/> ELECT Long Term Disability (LTD) Coverage <i>(select level of coverage below).</i>	
<input type="checkbox"/> CHANGE my current coverage level to the following <i>(select level of coverage below).</i>	
<input type="checkbox"/> TERMINATE Group Long Term Disability (LTD) Coverage <i>(move on to Submission Instructions).</i>	
Level of Coverage <i>(choose one):</i>	<input type="checkbox"/> Option A – 180 Day Benefit Waiting Period <input type="checkbox"/> Option B – 90 Day Benefit Waiting Period <input type="checkbox"/> Option C – 180 Day Benefit Waiting Period & Annuity Contribution Benefit <input type="checkbox"/> Option D – 90 Day Benefit Waiting Period & Annuity Contribution Benefit

EVIDENCE OF INSURABILITY IS REQUIRED IF YOU:

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

If your enrollment or change requires Evidence of Insurability, you must complete the Medical History Statement form for Indiana Residents*, located at www.standard.com/eforms/9783_135262.pdf. A determination on your application cannot be made by The Standard until your Medical History Statement has been submitted.

**If you are a resident of a state other than Indiana, please visit hr.iu.edu/pubs/forms/forms-list.htm to find the correct form for your state.*

SUBMISSION INSTRUCTIONS	
If your application REQUIRES Evidence of Insurability: <ol style="list-style-type: none"> 1. Complete the Medical History Statement. 2. Attach your Medical History Statement to this form and submit both documents to: Standard Insurance Company 900 SW Fifth Avenue, Portland, OR, 97204 3. Your coverage request will be processed after the university receives notification of approval from Standard Insurance. Please note the approval process may take between 6–8 weeks. 	If your application DOES NOT REQUIRE Evidence of Insurability: <ol style="list-style-type: none"> 1. Submit this form to: IU Human Resources, ATTN: Customer Care 400 East Seventh Street, Poplars E165 Bloomington, IN 47405 or email to askHR@iu.edu

EMPLOYEE CERTIFICATION	
I understand that if I am applying for coverage after 30 days of becoming eligible to participate in this Plan, or electing a new coverage level which provides a shorter benefit waiting period and/or the addition of the Annuity Contribution Benefit, I must also complete and submit Standard Insurance Company's Medical History Statement form and be approved by Standard Insurance Company. I authorize deductions from my salary based on the amount of coverage I elected and the current premium rate, until revoked by me.	
Employee Signature: _____	Date: _____

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
	.00074	.00086	.00104	.00125
40 - 44	.00179	.00233	.00240	.00311
	.00301	.00387	.00389	.00501
50 - 54	.00484	.00624	.00626	.00806
	.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.