

**LONG TERM DISABILITY PLAN**

## ENROLLMENT/CHANGE/TERMINATION FORM

**IMPORTANT INFORMATION—PLEASE READ 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. See reverse side to calculate monthly premiums.

**SECTION 1 PARTICIPANT INFORMATION**

Name:		University 10-Digit ID:
Date of Birth:	Campus:	Phone:
Email:		

**SECTION 2 ELECTION REQUEST**

Check all options that apply.

- Elect** LTD coverage (*select level of coverage below*)
- Change** my current level to the following level of LTD coverage (*select level of coverage below*)
- Terminate** my LTD coverage (*move to Section 3*)

Check the box associated with your selected level of coverage. Choose one option only.

- Option A—180-day Benefit Waiting Period
- Option B—90-day Benefit Waiting Period
- Option C—180-day Benefit Waiting Period & Annuity Contribution Benefit

**EVIDENCE OF INSURABILITY (EOI) 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](http://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 the resident of a state other than Indiana, please visit [hr.iu.edu/pubs/forms/forms-list.htm](http://hr.iu.edu/pubs/forms/forms-list.htm) to find the correct form for your state.

**SECTION 3 SUBMISSION INSTRUCTIONS**

If your application **REQUIRES** Evidence of Insurability:

1. Complete this form and the *Medical History Statement*.
2. Attach your completed Medical History Statement to this form and submit both documents to: **The 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 The Standard. Please note the approval process may take between 6–8 weeks.

If your application **DOES NOT REQUIRE** Evidence of Insurability:

1. Complete this form.
2. Submit this form to:  
**IU Human Resources  
420 N. Walnut Street  
Bloomington, IN 47404**  
or email to [askhr@iu.edu](mailto:askhr@iu.edu)

**SECTION 4 EMPLOYEE SIGNATURE**

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.

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  
July 1, 2018

Age Range	A	B	C	D
Under Age 40	.00059	.00069	.00083	.00100
40 - 44	.00143	.00186	.00192	.00249
45 - 49	.00241	.00310	.00311	.00401
50 - 54	.00387	.00499	.00501	.00645
55 - 69	.00474	.00616	.00617	.00800
70 and Over	.00710	.00915	.00922	.01190

### Premium Calculation:

$$\frac{\text{BASE ANNUAL SALARY}}{\text{BASE ANNUAL SALARY}} \div 12 = \frac{\text{MONTHLY SALARY}}{\text{MONTHLY SALARY}}$$

$$\frac{\text{MONTHLY SALARY}}{\text{MONTHLY SALARY}} \times \frac{\text{APPLICABLE RATE FROM ABOVE TABLE}}{\text{APPLICABLE RATE FROM ABOVE TABLE}} = \frac{\text{MONTHLY PREMIUM*}}{\text{MONTHLY PREMIUM*}}$$

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