

**RELIANCE STANDARD DISABILITY INSURANCE APPLICATION**

Long-term Disability Insurance Enrollment Form – *Please print neatly in pen*

**School/Church Name and address:**

**Contact name at employer and phone:**

<b>Employee Name - Last, First:</b>	<b>Social Security #:</b>
<b>Date of Birth:</b>	<b>Monthly Salary:</b>
<b>Complete mailing address:</b>	<b>Daytime phone number:</b>
	<b>E-mail address:</b>

You have the excellent opportunity to enroll in the ELEA Sponsored Voluntary Long-Term Disability and Life plans.

**Long Term Disability Insurance:**

If Employer-paid, benefits are 100% tax-free. If Employee paid, benefits are taxable.

**CHECK ONE:**     **This is EMPLOYER Paid** Policy Number LTD125433

**This is EMPLOYEE paid** Policy Number VPL301602

**Request for Group Insurance Coverage**

I request to purchase Group Disability Insurance Coverage with the BENEFIT amount of

\$\_\_\_\_\_ per month. Minimum \$500.00

My monthly cost is \$\_\_\_\_\_ (from the worksheet)\*

\*Each January your premium may change as you age up.

I elect to **enroll** in the Long Term Disability at the monthly cost above.\*

I elect to **decline** the Long Term Disability plan.

**I authorize my employer to deduct from my salary and transmit as designated the appropriate payroll deductions from my wages on a post-tax basis.** I am not currently disabled and I am performing all the duties of my occupation on a full-time basis over 20 hours a week.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job /title:** \_\_\_\_\_

If you have questions or need assistance with this form, please contact: **Nancy Bond Insurance Services** Toll Free 800/685-4519

Fax 626/599-8579    **Mail to NBIS - 201 West Lemon Ave., Monrovia, CA 91016**