

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form. Please complete this entire form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.



Youngstown State University

Complete your personal information

First name (please print) M. initial Last name

Social Security Number Gender (M/F) Date of birth (mm-dd-yyyy) Original hire date (mm-dd-yyyy)

Annual salary \$ Hours worked per week Occupation

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

Long Term Disability Insurance

Choose your coverage

This plan provides a 60% benefit.

Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may need to complete Evidence of Insurability. Ask your plan administrator for details.

Your actual billed amount may vary slightly.

Long Term Disability Insurance — SIGN AND CERTIFY

YES — I want Long Term Disability Coverage	NO — I do not want Long Term Disability Coverage
<input type="checkbox"/> YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change. _____ /____ /____ Signature Date	<input type="checkbox"/> I DO NOT want Long Term Disability Insurance. I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage. _____ /____ /____ Signature Date

Required:
 First name (please print) _____ M. initial _____ Last name _____

Email _____

Return forms to: plan administrator

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine
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