

PEBB Long-Term Disability One-Time Open Enrollment/Change Form

Standard Insurance Company

*For use March 1 through 31, 2019 by members who are outside of their initial enrollment period.
Newly eligible employees should use the Long-Term Disability (LTD) Enrollment/Change Form.*

To Be Completed By Applicant Apply for Optional coverage Change my coverage Name change

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date		
Your Address		City	State	ZIP Code
Former Name (Last, First, Middle) <i>Complete only if you are reporting a name change</i>		Phone Number	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Job Title/Occupation	Hours Worked Per Week			

Long-Term Disability (LTD) Insurance Coverage

During your one-time enrollment opportunity (March 1 through March 31, 2019), Evidence of Insurability (proof of good health) is not required.

I wish to:

- Enroll in Basic LTD (Employer Paid).
- Enroll in Optional LTD (Employee Paid); choose a waiting period.
 - 90 days 120 days 180 days 240 days 300 days 360 days
- Increase the waiting period for my Optional LTD coverage; choose a waiting period.
 - 90 days 120 days 180 days 240 days 300 days 360 days
- Decrease the waiting period for my Optional LTD coverage; choose a waiting period.
 - 90 days 120 days 180 days 240 days 300 days 360 days
- Cancel my Optional LTD coverage.

To Be Completed By Personnel, Payroll, or Benefits Office Staff

Employer Name Public Employees Benefits Board (PEBB)	Group Number 377661	Effective Date of Coverage May 1, 2019
Agency Name	Agency Code	Monthly Earnings \$ _____
Employee's Current Coverage <input type="checkbox"/> Basic LTD <input type="checkbox"/> Optional LTD – waiting period _____ days		

Signature I wish to make the choices selected on this form. If electing Optional or decreasing the waiting period for Optional coverage, I authorize deductions from my wages to cover the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

If I do not elect Optional coverage during the one-time enrollment opportunity, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance.

This form replaces all previous enrollment/change forms I have submitted for PEBB LTD coverage.

Member Signature _____ Date (Mo/Day/Yr) _____

Return completed form to your personnel, payroll, or benefits office.