



NOTE: You must work 30 or more hours per week to be eligible for LTD coverage.

*Check all box(es) and complete all sections that apply. Return completed form to Payroll & Benefit Services (PBS).*

MEMBER/EMPLOYEE INFORMATION	<p><b>Enrollment</b></p> <input type="checkbox"/> Initial Enrollment <input type="checkbox"/> Rehire/Reinstatement		<p><b>Change</b></p> <input type="checkbox"/> Cancel Coverage <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change			<input type="checkbox"/> Other _____ <input type="checkbox"/> Date of Change _____	
	Group Name/Agency Org. ID <b>State of Colorado - GFB - University of Colorado</b>				Group Number <b>604726 - LTD</b>		
	Your Name (Last, First, Middle) – <input type="checkbox"/> Check if new				Soc. Sec. No.		Employee ID
	Your Address – <input type="checkbox"/> Check if new			City	State	Zip	County
	Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female		Earnings \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr		
	Date of Hire		Hours Worked Per Week		Job Title/Occupation		
	Effective Date		Home Phone		Work Phone		
	<p><i>If you have questions about Eligibility Requirements, check with PBS.</i></p>						
	<p><b>Optional Long Term Disability</b></p> <input type="checkbox"/> Not Vested with PERA (245-NV) <input type="checkbox"/> Vested with PERA (245-V)					<p><i>To change or cancel coverage, please check applicable box(es).</i></p> <input type="checkbox"/> Change to vested with PERA (Requires 5 years of PERA service) <input type="checkbox"/> Cancel Optional Long Term Disability	
	SIGNATURE	<p>I wish to apply for insurance under the Group Long Term Disability Insurance Plan, or to authorize the changes noted above. I authorize deductions from my wages to cover my cost for LTD insurance. I understand that my deduction amount will change as premium costs change for example, as a result of a change of coverage, age, vesting status, or contract rate.</p>					
Member/Employee Signature Required				Date (Mo/Day/Yr)			

*PBS & Employee – Retain a copy for your records.*

## **General Information**

This form and the additional enrollment materials provided are only a summary of the State's group benefit programs. If any discrepancy exists between these enrollment materials and the group master contracts, the group master contracts will govern.

*Chapter 11 – State Benefit Plans* in the Director's Administrative Procedures addresses the procedures governing benefits eligibility and changes. A copy is available online at <http://www.colorado.gov/dpa/dhr/rules/docs/rules.pdf> or from PBS.

## **Limitations/Exclusions**

Some services and/or procedures may be limited or excluded from any of the plans offered by the State. Please review the applicable Certificate of Coverage or Description of Plan Benefits online at <http://www.colorado.gov/dpa/dhr/benefits>.

## **Your Signature on this Form**

1. Authorizes your employer, the University of Colorado, the right to deduct the applicable appropriate premiums according to the terms specified in the Signature section on page 1.
2. Does not constitute a binding contract or provide any employment guarantees between employees and the University of Colorado.

## **Step by Step process to apply for Long Term Disability Insurance**

### **1. Complete the LTD Enrollment and Change Form**

- a) Keep a copy for your records
- b) Submit the Enrollment and Change Form to PBS

### **2. Complete the Medical History Statement**

- a) Keep a copy for your records
- b) Mail the Statement directly to Standard Insurance Company at the address listed on the Statement.

If The Standard approves your application, you and PBS will be notified and your monthly premium will begin.

## **Changing to Vested Status**

It is your responsibility to notify PBS when you become vested in PERA. Once you are vested and you have notified PBS, your rates will be reduced.

## **Follow these instructions**

To change to "Vested" status, complete the Enrollment and Change Form and submit it to PBS. If the Form is received in PBS after the 15th of the month, your change will take effect the first of the following month.