

To Be Completed By Human Resources- Benefits

Group Number 643148	Date of Employment	Hours Worked Per Week
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To Be Completed By Applicant Apply for Coverage Election Change Other: _____

Complete all sections.

Your Name (Last, First, Middle)	Employee ID Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Employer Name Hennepin County	Work Phone	

Coverage Check the Benefits Division website at <http://www.hennepin.us/employees> or call the *HR Service Center (612-348-7855)* about coverage options available to you and Evidence of Insurability requirements.

Voluntary Short Term Disability (STD)

Select the Short Term Disability benefit option.

- 7-day benefit waiting period
 14-day benefit waiting period
 30-day benefit waiting period
 45-day benefit waiting period

Note the late enrollment penalty: If you do not apply for Voluntary STD coverage when you are initially eligible, or elect to change to a shorter Benefit Waiting Period, then during the first 12 months in which you are insured under the Voluntary STD plan, the benefit waiting period for illness related disabilities will be 60 days from the date of your disability, regardless of the benefit waiting period you elected. For additional details, please refer to your Voluntary STD booklet www.standard.com/eforms/10388_643148.pdf.

Signature I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Employee Signature Required _____ Date (Mo/Day/Yr) _____

Scan and email your completed form to the Benefits Division at HR.Benefits@hennepin.us.