



The Standard[®]

Standard Insurance Company
National Account Services – SOC Team
888.641.7193 Tel
900 SW Fifth Avenue Portland OR 97204

State of California Request for Long Term Disability 24 month Direct Pay Coverage

Under the provisions of the Group Long Term Disability (LTD) Insurance Coverage provided by Standard Insurance Company (The Standard), you may have the right to continue your coverage for up to 24 months if you cease to be eligible due to a classification change. If you wish to continue your coverage, you must make the election to continue your insurance within 60 days following the date you cease to be a Member. If you do not apply to continue your insurance during that 60-day period, your insurance will be deemed to have ended on the date you ceased to be a Member. If you apply to continue your insurance during that 60-day period, your coverage will be retroactive to the date you ceased to be a Member.

Premium is due on or before the first day of each calendar month, and is paid directly to us at our home office. If you do not pay a premium before its due date, you may pay the premium during the following 60-day grace period. If you do not pay the premium during the 60-day grace period, your insurance will terminate automatically at the end of the grace period.

Name:		Birthdate:		Today's date:	
I have had coverage under the State's Group LTD Program as an excluded employee: <input type="checkbox"/> Yes <input type="checkbox"/> No					
My coverage is ending because of a change in classification: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, what was the effective date of the classification change: _____ (mm/dd/yy)					
My employment is terminating because I am unable to work due to sickness or illness: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Group Name: State of California		Group Policy No.: 643146		Date your Group LTD Coverage ends:	
Social Security Number:		Current Group LTD Benefit Option: <input type="checkbox"/> 65% Benefit Option <input type="checkbox"/> 55% Benefit Option			
Monthly Base Salary:					
Mailing Address:					
City:		State:	Zip:	Phone: ()	
Email Address:					