

Group Long Term Disability (LTD) Insurance Plan

Enrollment/Change/Termination

Complete and return form to: Long Term Disability (LTD) Insurance Plan, University Human Resource Services, Poplars E165, 400 East 7th Street, Bloomington, IN 47405.

Employee Information:

Employee Name: _____ Employee ID: _____

Campus: _____ Date Employed: ____/____/____ E-mail: _____

Enrollment/Change/Termination Request:

I hereby request the following:

- I wish to elect Group Long Term Disability coverage (applying 30 days or more after date of hire):
- I wish to change the coverage under which I am now insured to the following (check one):
 - Option A** – 180-Day Benefit Waiting Period
 - Option B** – 90-Day Benefit Waiting Period
 - Option C** – 180-Day Benefit Waiting Period and Annuity Contribution Benefit
 - Option D** – 90-Day Benefit Waiting Period and Annuity Contribution Benefit
- I wish to terminate my Group Long Term Disability coverage.

PLEASE NOTE: The Standard pays for any expenses related to requested medical information as it pertains to the Evidence of Insurability, if:

- A) you are applying for insurance more than 30 days after first becoming eligible for it;
- B) you are electing a new option which provides a shorter benefit waiting period and/or the addition of the Annuity Contribution Benefit; or,
- C) you previously terminated your insurance and are now re-electing coverage.

A Medical History Statement form must be attached.

Employee Certification:

I hereby authorize Indiana University to make the appropriate deductions from my earnings for my contributions toward the cost of this insurance, under the Group Long Term Disability Insurance Policy administered by The Standard.

Employee Signature: _____ Date: ____/____/____

See reverse side for instructions.

**Long Term
Disability
Premiums**

The monthly premium of the LTD insurance selected will vary based on age, salary, and the coverage option selected. The premiums will automatically be deducted from payroll. Employees can calculate how much the monthly premium will be by using the table below.

How to Calculate Monthly Premiums:

1. Choose the option you want.
2. Locate your age.
3. Find the corresponding rate in the column of the option you selected.

Option A – 180-day Benefit Waiting Period

Option B – 90-day Benefit Waiting Period

Option C – 180-day Benefit Waiting Period with the Annuity Contribution Benefit

Option D – 90-day Benefit Waiting Period with the Annuity Contribution Benefit

Calculate Monthly Premium

Effective
January 1, 2010

Age Range	A	B	C	D
Under Age 40	.067%	.078%	.084%	.101%
40 - 44	.163%	.212%	.194%	.252%
45 - 49	.274%	.352%	.315%	.406%
50 - 54	.440%	.567%	.507%	.653%
55 - 69	.539%	.700%	.624%	.810%
70 and Over	.806%	1.040%	.934%	1.204%

Premium Calculation:

$$\frac{\text{Base Annual Salary}}{12} = \text{Monthly Salary}$$

$$\text{Monthly Salary} \times \text{Applicable Rate from Above Table} = \text{Monthly Premium*}$$

*Premiums will automatically change based on an employee's age and salary.