Standard Insurance Company

Long-Term Disability Enrollment & Change Form for ***Southern Utah University***

Please complete the following information for our records:

Employee Name	Social Security Number	Birth Date (MM/DD/YYYY)

Employee's Full Address

Gender: ☐ Male ☐ Female

Email Address

Home Phone Number

136251
SUU LTD Group Number

Job Title

Please indicate which Long-Term Disability Coverage option you wish to have during your employment at SUU:
(Refer any questions about coverage options available to you and Evidence of Insurability requirements to Human Resources)

☑ Class I LTD
I understand that Class I LTD coverage is applicable only during my first two years of employment (or re-employment) at SUU. Premiums for Class I LTD are paid 100% by employee.

☑ Class II LTD
I understand that Class II LTD coverage is applicable at the two-year anniversary (or re-anniversary) of my employment start date at SUU. Premiums for Class II LTD paid 100% by employer.

Acknowledgement
I wish to make the choices indicated on this form. By electing coverage, I authorize the appropriate payroll deductions to cover my contribution, if required, towards the cost of long-term disability coverage. I understand that my deduction amount will change if my coverage or costs change per the SUU LTD plan design.

Employee Signature	Date

EMPLOYER SIGN-OFF SECTION:

HR Approval Date	HR Initial	Employee Hire Date	Employee Base Salary	Hours per Week