Disability Income Insurance Enrollment Form

INSTRUCTIONS: Top box to be comp	oleted by the Employer/Plan S	ponsor. Rei	mainder to be	e completed by	the Emplo	yee.		
			an Number	Account Number/Location				
Alliance of Schools for Cooperative Insurance Programs				0021- State (Center			
Class/Occupation	Date of Hire (mm/dd/yyyy)	Annual Sa	alary	Employmen Status:		ctive Full-Time ctive Part-Time	_] Retired
This change is due to: (check all that apply) Initial Eligibility Following Hire Late Entrant* Effective Date of Coverage or Change:								
☐ Initial Eligibility Following Hire				or Change:				
	Other:							
*A late entrant is an individual who is fir	st enrolling for coverage after t	he first availa	able opportun	ity.				
Employee Information								
Employee Name (last, first, middle initial)			Date of Birth (te of Birth (mm/dd/yyyy) Social Security # Em				yee I.D. #
Employee Address (street address, city, state, zip code)			Wor	k Phone Numb	per Hoi	Home Phone Number		Female Male
Disability Income Coverage When you are first eligible for disability income coverage, you can elect it without evidence of insurability. If you are a late entrant, you must complete an Evidence of Insurability form subject to approval by ReliaStar Life. Monthly Income Benefits (LTD) Elect Coverage (60% to \$5,000 is available through payroll deduction) Waive								
READ THIS INFORMATION CA I authorize my employer to deduce To the best of my knowledge and I understand my coverage begins I also understand that evidence of Any person who, knowingly and with any materially false information or fraudulent insurance act, which is a Employee's Signature	t from my wages the premium belief, the information I have on the effective date assigne f insurability may be required th intent to defraud any ins conceals, for the purpose	n, if any, for t provided on d by ReliaSt for coverage surance con e of mislea	the elected co this form is c tar Life, provi- e to become on mpany or oth ding, inform	overage. correct. ded I am active effective. ner person file nation concer	es an appl ning any i ies, and de	ication for in: fact material	theret ance b	o commits a enefits.