2019 Open Enrollment - Voluntary Long-Term Disability Enrollment Form for employees hired on or after 9/1/13

Disability Income Insurance Enrollment Form

INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.

Name of Employer/Plan Sponsor Alliance of Schools for Cooperative Insurance Programs		Group/Plan Number 67087-1	Account Number/Location 0021- State Center
Class/Occupation	Date of Hire *(mm/dd/yyyy)*	Annual Salary	Employment Status: ☐ Active Full-Time ☐ Retired ☐ Active Part-Time
This change is due to: *(check all that apply)* ☐ Initial Eligibility Following Hire ☐ Late Entrant* ☒ Other: 2019 Open Enrollment			Effective Date of Coverage or Change:

**A late entrant is an individual who is first enrolling for coverage after the first available opportunity.*

Employee Information

Employee Name *(last, first, middle initial)*	Date of Birth *(mm/dd/yyyy)*	Social Security #	Employee I.D. #
Employee Address *(street address, city, state, zip code)*	Work Phone Number	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)	*Voluntary Benefits* ☐ Elect Coverage (60% to $5,000 is available through payroll deduction) ☐ Waive

READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

Any person who, knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Employee's Signature	Date Signed *(mm/dd/yyyy)*