

BRADLEY

UNIVERSITY

Long-Term Disability (LTD) Election Form

A.

1. ____ If at present or in the future, my monthly salary shall allow a monthly benefit in excess of \$2000 (60% of \$40,000 annual salary), I wish to have the additional coverage up to a \$5000 maximum benefit with payment deducted from my payroll check at 100% premium cost for the additional coverage. The University will pay 2/3 of the premium for benefit coverage up to \$2000.
2. ____ I wish not to elect additional monthly benefit coverage. I understand that with this selection, the maximum monthly benefit is \$2000 (60% of \$40,000 annual salary) with the University paying 2/3 of the premium. I further understand that if I should wish to have the additional coverage after 31 days of this election, it will be necessary to provide evidence of insurability.

B.

1. ____ Long-term disability premium to be non-tax deferred on payroll checks.
2. ____ Long-term disability premium to be tax deferred on payroll checks.

Date _____

Name _____
(print)

Signature _____

Social Security Number _____

Please complete and return this form to the Human Resource Department,
239 Sisson Hall.