



The University of Vermont

EmplID: _____

Human Resource Services

REQUEST FOR GROUP LONG-TERM DISABILITY INSURANCE

Name of Employee		
Last:	First:	Middle:
Date of Hire:	Basic Annual Salary:	Date of Birth:

In accordance with the terms of the Group Long-Term Disability Insurance Policy issued to the University of Vermont (UVM) by the insurance carrier, I hereby request the issuance of (check one):

- ☐ 1. The basic income benefit only. [60% of your base salary]
- ☐ 2. The basic and optional income benefit. [70% of your base salary]
- ☐ 3. No Long-Term Disability insurance. [I understand that if I wish to take advantage of this coverage at a later date, I will be required to provide evidence of insurability satisfactory to the insurance carrier.]

By checking 1 or 2 above, I hereby authorize UVM to make deductions from my earnings as my contribution toward the cost of this insurance.

Do you want to pay your Long-Term Disability insurance cost share with pre-tax dollars?* ☐ Yes ☐ No

*The taxability of any future Long-Term Disability benefits you may receive is influenced by how you pay your premiums during the plan year in which you become disabled.
Note: The portion of your benefit which directly corresponds to the percentage of the premium paid by the employer (roughly 54%) is always taxable. However:

If you pay your premiums with after-tax dollars, the portion of your future benefits which corresponds to the percentage of the employee's premium contribution (roughly 46%) would not be considered taxable income. (Tax paid on the premium = no tax on future benefits.)

If you pay your premiums with pre-tax dollars, the portion of your future benefits which corresponds to the percentage of the employee's premium contribution (roughly 46%) would be considered taxable income. (No tax paid on the premium = tax on future benefits.)

After the initial eligibility period you may not change your election for the pre or after tax option until the next open enrollment period.

Signature of Employee:	Date:
------------------------	-------

Insurance coverage and payroll deductions begin the first of the month following one (1) year of benefits eligible employment. You may qualify for immediate participation in the UVM Group Long-Term Disability Plan if you were insured under a Group Long-Term Total Disability Policy within the 3 month period prior to your UVM employment that provides income benefits for at least five (5) years; or you are a former UVM employee returning within one (1) year of your departure.

Group Number 138236B