

# SHORT TERM AND LONG TERM DISABILITY INSURANCE ENROLLMENT FORM - UUHC



|       |           |
|-------|-----------|
| Name: | Empl ID#: |
|-------|-----------|

**Employees who enroll during their Initial Enrollment Period (first 3 months following date of hire into a benefit-eligible position), will not be required to provide evidence of good health. Employees who wish to enroll after their Initial Enrollment Period, will be required to apply and provide evidence of good health.**

**Premiums are based on your compensation (see reverse side to calculate your estimated premium). Coverage elected during your Initial Enrollment Period will become effective retroactive to the first day of the month on or following your date of hire and retroactive premiums will be deducted.**

**See the Benefits Department's web page at [www.hr.utah.edu/ben](http://www.hr.utah.edu/ben) for plan information.**

## Short Term and Long Term Disability Insurance

These optional insurance policies provide enrolled employees who have an eligible disability with up to 60% income replacement.

Short Term Disability insurance provides income replacement up to a maximum of \$1,846/week, less certain income from other sources. Benefits become payable after a 90-day waiting period for up to a maximum of 90 days (when LTD benefits begin).

Long Term Disability insurance provides income replacement up to a maximum of \$8,000 per month, less certain income from other sources. UUHC employees may choose from two different benefit waiting periods. Long Term Disability benefits include retirement benefits (see the policy for details).

**Choose one of the following options (see rates and calculate your estimated premium on page 2):**

|   |  |
|---|--|
| <b>SHORT TERM and LONG TERM DISABILITY INSURANCE</b><br><i>STD benefits begin after a 90-day waiting period and are payable up to a maximum of 90 days (when LTD benefits begin).</i> | <input type="checkbox"/> <b>ENROLL</b> |
| <b>LONG TERM DISABILITY: 180-DAY WAITING PERIOD</b>   | <input type="checkbox"/> <b>ENROLL</b> |
| <b>LONG TERM DISABILITY: 30-DAY WAITING PERIOD</b>  | <input type="checkbox"/> <b>ENROLL</b> |

I have read and understand the information provided. I acknowledge that the terms of the Policy will apply, including the fact that I must be actively at work before my coverage will begin, and that I must review the Policy for the specific terms and conditions of the coverage under the plan. I hereby apply for coverage as indicated above and authorize the University to make the appropriate deductions from my wages to pay premiums. I understand that my position and rate of pay determines the policy I am enrolled in and my premium. I agree that if my position and/or rate of pay changes, my policy and premium will change accordingly.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Entered By: \_\_\_\_\_ QC By: \_\_\_\_\_  
Date: \_\_\_\_\_

# PREMIUM CALCULATIONS

## Short Term and Long Term Disability – 90-Day Waiting Period

To calculate your expected monthly premium, use the following table:

### SHORT TERM DISABILITY:

|   |          |
|---|----------|
| Monthly Wage Base not to exceed \$13,333.33 (Annual Salary divided by 12) | \$       |
| Multiply by Premium Rate  | x 0.0021 |
| Short Term Disability Subtotal:   | \$       |

### LONG TERM DISABILITY:

|   |           |
|---|-----------|
| Monthly Wage Base not to exceed \$13,333.33 (Annual Salary divided by 12)           | \$        |
| Multiply by Premium Rate  | x 0.00475 |
| Subtotal:   | \$        |
| Subtract University Contribution: \$10 (75% FTE or greater) or \$5 (50% to 74% FTE) | -         |
| Long Term Disability Subtotal:  | \$        |

TOTAL MONTHLY PREMIUM (add Short Term and Long Term Disability Subtotals):

|   |    |
|---|----|
| Monthly Premium (will be deducted one-half on 7 <sup>th</sup> and one-half on 22 <sup>nd</sup> of each month) | \$ |
|---|----|

## Long Term Disability – 180-Day Waiting Period

To calculate your expected monthly premium, use the following table:

|   |           |
|---|-----------|
| Monthly Wage Base not to exceed \$13,333.33 (Annual Salary divided by 12)                                     | \$        |
| Multiply by Premium Rate  | x 0.00475 |
| Subtotal:   | \$        |
| Subtract University Contribution: \$10 (75% FTE or greater) or \$5 (50% to 74% FTE)                           | -         |
| Monthly Premium (will be deducted one-half on 7 <sup>th</sup> and one-half on 22 <sup>nd</sup> of each month) | \$        |

## Long Term Disability – 30-Day Waiting Period

To calculate your expected monthly premium, use the following table:

|   |           |
|---|-----------|
| Monthly Wage Base not to exceed \$13,333.33 (Annual Salary divided by 12)                                     | \$        |
| Multiply by Premium Rate  | x 0.01092 |
| Subtotal:   | \$        |
| Subtract University Contribution: \$10 (75% FTE or greater) or \$5 (50% to 74% FTE)                           | -         |
| Monthly Premium (will be deducted one-half on 7 <sup>th</sup> and one-half on 22 <sup>nd</sup> of each month) | \$        |