

INSURANCE ENROLLMENT FORM

Long-Term Disability (LTD) Enrollment Form



Policy Holder: **Fond Du Lac Reservation Business Committee**

Policy Number: **FLK960897**

EMPLOYEE INFORMATION – Complete all information below
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Name _____ Gender: M F

Birthdate _____ Social Security # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Date Hired _____ Title or Occupation _____ Annual Salary \$ _____

Please check the appropriate box.

- I understand that basic LTD insurance is provided by my employer.
- I accept the optional LTD insurance provided by the Company's Group Insurance Plan and authorize the deduction from my earnings of the required contribution toward the cost of the insurance.
- I have been offered optional LTD insurance and decline to purchase it at this time. I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the Insurance Company's approval.

Late entrants must complete an Evidence of Insurability Form. Coverage for late entrants is subject to the Insurance Company's approval.

If you are not in active service on the date your coverage would otherwise take effect, you will be covered on the date you return to active service.

Pre-Existing Condition Limitation: A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.

Please Sign Here  Signature _____ Date _____

Long Term Disability Deduction Calculation

Take your annual salary and divide by 12. This is your monthly covered pay. Divide this by 100, then multiply by the rate to get your monthly cost. Divide by 2 to approximate your cost per paycheck. Your monthly benefit is your monthly covered pay multiplied by 0.60.

Per \$100 of covered payroll (\$60 of benefit)
\$0.477

EXAMPLE

$$\begin{array}{ccccccccccc}
 \frac{\$ 31,200.00}{\text{Annual Salary}} & \div & \frac{12}{\text{Months in a year}} & = & \frac{\$ 2,600.00}{\text{Monthly Covered Pay}} & \div & \frac{100}{\text{Per covered payroll}} & \times & \frac{26}{\text{Units of covered payroll}} & \times & \frac{0.477}{\text{LTD Rate}} & = & \frac{12.40}{\text{Monthly Cost}} & \div & \frac{2}{\text{Divide by 2}} & \frac{\$ 6.20}{\text{Appx. Semi-monthly deduction}}
 \end{array}$$

WORKSHEET

$$\begin{array}{ccccccccccc}
 \frac{\text{Annual Salary}}{\text{Annual Salary}} & \div & \frac{\text{Months in a year}}{\text{Months in a year}} & = & \frac{\text{Monthly Covered Pay}}{\text{Monthly Covered Pay}} & \div & \frac{100}{\text{Per covered payroll}} & \times & \frac{\text{Units of covered payroll}}{\text{Units of covered payroll}} & \times & \frac{0.477}{\text{LTD Rate}} & = & \frac{\text{Monthly Cost}}{\text{Monthly Cost}} & \div & \frac{2}{\text{Divide by 2}} & \frac{\text{Appx. Semi-monthly deduction}}{\text{Appx. Semi-monthly deduction}}
 \end{array}$$

EXAMPLE

$$\begin{array}{ccc}
 \frac{\$ 15.00}{\text{Hourly Rate}} & \times & \frac{2080}{\text{Working hours in Year}} & \times & \frac{\$ 31,200.00}{\text{Annual}}
 \end{array}$$

WORKSHEET

$$\begin{array}{ccc}
 \frac{\text{Hourly Rate}}{\text{Hourly Rate}} & \times & \frac{2080}{\text{Working hours in Year}} & \times & \frac{\text{Annual}}{\text{Annual}}
 \end{array}$$