



Underwritten by:
First Unum Life Insurance Company

**SARATOGA SPRINGS
TEACHER'S
ASSOCIATION**

Long Term Disability Insurance
Enrollment Form
Policy #118669-115

Member Name:	Date of Hire:
Employee Number	Date of Birth:

OPTION A: Your coverage under Option A is effective on your date of hire and the premiums for Option A are paid by you from Saratoga Springs Teacher's Association dues. This Option replaces 50% of your monthly earnings up to a maximum monthly benefit of \$2,000. See the Plan Highlights summary for the complete plan design. Monthly premium cost \$9.95 for all members regardless of age.

OPTION B: If you would prefer to participate in Option B which replaces 60% of your monthly earnings to a maximum monthly benefit of \$6,000, you must complete and return this Enrollment Form no later than 31 days from your date of hire. If you do not return the form within this time and later wish to participate in Option B, you must wait until the next Annual Enrollment Period (May) and the incremental increase in coverage will be subject to the Pre-Existing Condition Limitation. See the Plan Highlights summary for the complete plan design.

Age Bands	Option B Monthly Member Premium
<35	\$16.38
35-49	\$19.31
50+	\$20.93

Special Note: Premium will increase on July 1 if you move into a new age bracket.

Yes, I would like to participate in Option B (60% plan option). I authorize my employer to deduct from my wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form. I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information provided on the Plan Highlights Sheet, including all statements regarding exclusions and limitations.**

No, I do not wish to participate in the 60% plan option. I understand that if I elect not to participate at this time, I will not have the option to enroll in Option B until the next Annual Enrollment period.

Member Signature: _____

Date: ___/___/_____

Please return forms to Jane McAdam at Maple Avenue Middle School during the annual enrollment period.