

Long Term Disability Enrollment Form



Pre-existing condition applies for the first 12 months of participation.



Group Premium and Enrollment Services
Underwritten by: United of Omaha Life Insurance Company
Mutual of Omaha Insurance Company

To Be Completed By Employee (Please Print)

Name: _____ (last) _____ (first) _____ (m.i.)

Occupation _____ Department _____

Social Security #: _____ - _____ - _____ Birth Date: ____/____/____

Sex: Male Female

Coverage Elections: Yes No *Should you decline coverage(s), you MUST complete a Waiver of Group Insurance section below.*
LTD

Instructions: Application must be made within 31 days from the date the employee becomes eligible (or as otherwise stated in the plan). I authorize my employer to deduct my share of the premium from my salary.
I represent that the information I have provided in this Enrollment Form is complete, true and accurate, to the best of my knowledge.

Signature of Employee _____ **Date** ____/____/____

To Be Completed By Employer

Employer's Company Name Creighton University City Omaha State NE Zip Code 68178

Group # **Coverage** **Subgroup** **Class #**

GMT-1878 LTD 0001 _____

Effective Date: ____/____/____ Full-Time Date Employed: ____/____/____

Annual Salary: \$ _____ Monthly Salary: \$ _____

Waiver of Group Insurance

I have been given an opportunity to apply for Group Insurance as offered by the Policyholder and, after careful consideration, have decided NOT to enroll in the Long Term Disability coverage for the following reason:

- Cannot afford
- Other reason: _____

Should I apply for waived coverage in the future I understand that I may be considered late enrollees and subject to evidence of insurability, acceptable to the Insurance Company, at my own expense.

The above requirements will apply unless otherwise stated in the plan, or unless prohibited by any applicable state or federal law.

I understand and accept the Waiver of Group Insurance provisions above.

Signature of Employee: _____ **Date:** ____/____/____

Coverage Term Date
____/____/____