

Standard Long Term Disability Insurance Enrollment Form and Calculation Worksheet

Employee Name: _____

Social Security
Number: _____

Telephone
Number: _____

Street Address: _____

City, State, Zip: _____

I wish to **enroll** in the voluntary Long Term Disability.
(Complete worksheet below)

Monthly Salary: _____	Age	Income Percent	Annuity Percent
	<input type="checkbox"/> Under 30	0.00075	0.00017
	<input type="checkbox"/> 30-35	0.00135	0.00034
	<input type="checkbox"/> 35-39	0.00151	0.00038
	<input type="checkbox"/> 40-44	0.00227	0.00060
	<input type="checkbox"/> 45-49	0.00306	0.00081
	<input type="checkbox"/> 50-54	0.00450	0.00123
	<input type="checkbox"/> 55-59	0.00515	0.00149
	<input type="checkbox"/> 60-64	0.00547	0.00163
	<input type="checkbox"/> 65 & Over	0.00690	0.00167

Instructions
In order to complete the calculation, you must tab through after you record your percentages.

Locate your age on the chart, record **Income Percent** = _____, then multiply by your monthly salary to equal

Income Premium = _____

Locate your age on the chart, record **Annuity Percent** = _____, then multiply by your monthly salary to equal

Annuity Premium = _____

Income Premium and Annuity Premium added together equal your **Total Monthly LTD Premium** =

I wish to **decline** enrollment in the voluntary Long Term Disability.

Employee Signature _____

Date _____

Human Resource Office/Payroll Use Only

Hire Date: _____

Effective Payroll Date: _____

Completed by: _____

Date: _____