

2017

Long Term Disability Annual Enrollment Form

Coverage Term: 01/01/2017 through 12/31/2017



Complete this form and return it to the RPB for processing before premiums can be paid.
The annual open enrollment period is from December 1, 2016 to January 13, 2017.

EMPLOYEE AND EMPLOYER INFORMATION

Please enter your employee and employer information in the fields below.

Membership Organization

Please Circle One

Employee Name:			CCAR	URJ	NATA
Social Security Number:	Gender:	Date of Birth: mm/dd/yyyy	ARJE	PEP-RJ	ECE-RJ
Email Address:	Work Phone:	/ /	ATID	RPB	
Employer:	()		Congregational Employee		
Employer Street Address:					
City:	State:	Zip:			

ANNUAL PREMIUM CALCULATION

Choose a benefit waiting period, enter your salary and parsonage (if applicable) rounded to the next \$1,000, then calculate the premium.

For example, \$40,220 rounded to the next \$1,000 becomes \$41,000.

Benefit Waiting Period	Salary + Parsonage		Premium Rate	Premium Due
180 Day Benefit Waiting Period	\$ _____,000.00	x	0.00480	\$
90 Day Benefit Waiting Period	\$ _____,000.00	x	0.00544	\$

ANNUAL PREMIUM RATES	Benefit Waiting Period	Rate	NOTES
	180 days	\$4.80 per \$1,000 of salary	Maximum salary covered is \$340,000
90 days	\$5.44 per \$1,000 of salary		