

2018  
 Long Term Disability Enrollment Form  
 Coverage Term: 01/01/2018 through 12/31/2018



Please complete this form and return to your employer for processing and premium payment by January 15, 2018.

**EMPLOYER AND EMPLOYEE INFORMATION**

Please complete the employer and employee information in the fields below.			Membership Organization Please Circle One		
Name:			CCAR	URJ	NATA
Employer:			ARJE	PEP-RJ	ECE-RJ
Employer Street Address:			ATID	ACC	
City:	State:	Zip:	N/A	Other:	
Email Address:	Work Phone:				
	( )				
Social Security Number:	Gender:	Date of Birth: mm/dd/yyyy			
		/ /			

**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 RATE	Benefit Waiting Period	Rate	NOTES
	180	\$4.80 per \$1,000 of salary	Maximum salary covered is \$340,000
90	\$5.44 per \$1,000 of salary		