

Short Term Disability Enrollment / Change Form



Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department

EMPLOYER INFORMATION

Name of Group: Hanover County Govt & Public Schools

Group Cust #: **148729**

Report #: **148729**

Location:

County

Library

Schools

Jail

EMPLOYEE INFORMATION

Name (Last, First, Middle)

Last four of SSN

Address

City

State

ZIP

Date of Birth

Male

Female

Email Address

Job Title/Occupation

New Enrollment

Enrollment Change

If Change is due to a Qualifying Event, enter event date
(mm/dd/yy) _____

Disability Income Insurance Level

SHORT TERM DISABILITY

You may select from one of the following Voluntary STD Options:

- | | | | |
|--------------------------|-----------------|--------------------|--|
| <input type="checkbox"/> | Option 1 | 60% Benefit | 14 - day Benefit Waiting Period |
| <input type="checkbox"/> | Option 2 | 60% Benefit | 44 - day Benefit Waiting Period |
| <input type="checkbox"/> | Option 3 | 40% Benefit | 14 - day Benefit Waiting Period |
| <input type="checkbox"/> | Option 4 | 40% Benefit | 44 - day Benefit Waiting Period |

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my premiums. I understand that my deduction amount will change if my coverage or costs change. I understand that if I do not enroll for disability coverage during the initial enrollment period, or if I do not enroll for the maximum amount of coverage for which I am eligible, there will be a 60-day late enrollment penalty during my first 12 months of coverage. This authorization applies to such coverage until a change is made in writing.

Employee Signature Required

Date (Mo/Day/Yr)

Human Resources Department - Complete this section. Retain form for your records.

Effective Date of STD

Date of Hire/Rehire

Earnings:

\$ _____ per: Hour Wk Mo Yr

Late Enrollment Penalty?

YES

NO

Human Resources Signature/Date:

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD) coverage effective July 1, 2017. Contribution amounts are based on gross weekly income for STD. Actual contributions will be calculated by the payroll system.

STD Example: Option 1 (60% Benefit/14 Day)

Max Weekly benefit is \$1,000 on all plans

A. Annual Earnings =	\$ 30,000	A. Annual Earnings =	\$
B. Weekly Earnings = (A divided by 52)	\$ 576.92	B. Weekly Earnings = (A divided by 52)	\$
C. Weekly Benefit = (B x 60%)	\$ 346.15	C. Weekly Benefit = (B x 60%)	\$
D. Value Per \$10 = (C divided by 10)	34.62	D. Value Per \$10 = (C divided by 10)	
E. Estimated Monthly Contribution (D multiply by 0.219) <example age 29>	\$ 7.58	E. Estimated Monthly Contribution (D multiply by the rate from table based on age)	\$

STD Example: Option 2 (60% Benefit/44 Day)

A. Annual Earnings =	\$ 30,000	A. Annual Earnings =	\$
B. Weekly Earnings = (A divided by 52)	\$ 576.92	B. Weekly Earnings = (A divided by 52)	\$
C. Weekly Benefit = (B x 60%)	\$ 346.15	C. Weekly Benefit = (B x 60%)	\$
D. Value Per \$10 = (C divided by 10)	34.62	D. Value Per \$10 = (C divided by 10)	
E. Estimated Monthly Contribution (D multiply by 0.152) <example age 29>	\$ 5.26	E. Estimated Monthly Contribution (D multiply by the rate from table based on age)	\$

STD Example: Option 3 (40% Benefit/14 Day)

A. Annual Earnings =	\$ 30,000	A. Annual Earnings =	\$
B. Weekly Earnings = (A divided by 52)	\$ 576.92	B. Weekly Earnings = (A divided by 52)	\$
C. Weekly Benefit = (B x 40%)	\$ 230.77	C. Weekly Benefit = (B x 40%)	\$
D. Value Per \$10 = (C divided by 10)	23.08	D. Value Per \$10 = (C divided by 10)	
E. Estimated Monthly Contribution (D multiply by 0.219) <example age 29>	\$ 5.05	E. Estimated Monthly Contribution (D multiply by the rate from table based on age)	\$

STD Example: Option 4 (40% Benefit/44 Day)

A. Annual Earnings =	\$ 30,000	A. Annual Earnings =	\$
B. Weekly Earnings = (A divided by 52)	\$ 576.92	B. Weekly Earnings = (A divided by 52)	\$
C. Weekly Benefit = (B x 40%)	\$ 230.77	C. Weekly Benefit = (B x 40%)	\$
D. Value Per \$10 = (C divided by 10)	23.08	D. Value Per \$10 = (C divided by 10)	
E. Estimated Monthly Contribution (D multiply by 0.152) <example age 29>	\$ 3.51	E. Estimated Monthly Contribution (D multiply by the rate from table based on age)	\$

Employee Age	Option 1 60% Weekly Benefit with 14 day Elimination Period	Option 2 60% Weekly Benefit with 44 day Elimination Period	Option 3 40% Weekly Benefit with 14 day Elimination Period	Option 4 40% Weekly Benefit with 44 day Elimination Period
<30	.219	.152	.219	.152
30-39	.267	.195	.267	.195
40-49	.295	.214	.295	.214
50-59	.314	.228	.314	.228
60+	.324	.233	.324	.233