WESTERN MICHIGAN UNIVERSITY
Human Resources
1300 Seibert Administration Building, Mail Stop 5217
Phone (269) 387-3620 Fax (269) 387-3441

Long Term Disability Insurance Enrollment and Change

Employee Information				
Last Name	First Name	Middle Initial	Date of Birth	Gender ☐ Male ☐ Female
Effective Date	Date of Hire	Employee ID	Department	Employee Group
Email Address		Daytime Phone Number		

Enrollment or Changes	
Refer to your Benefits and Rates Summary for coverage and premium amount; they vary per employee group.	
☐ Enroll Upon Hire	☐ Cancel/ Terminate
☐ Enroll through evidence of insurability	☐ Reinstate – Return from leave
☐ Waive Upon Hire	

Please read, sign and date below

- I choose to apply for the insurance indicated above, or authorize the changes above.
- I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.
- **I understand that if I waive any of these insurance coverages, and at a later date wish to request such, I will be required to furnish, which may be at my own expense, evidence of insurability satisfactory to the insurance carrier.**
- To the best of my knowledge and belief, the information I have provided is complete and correct.

Employee Signature	Date

HR USE ONLY →	HRA	Deduction Begin Date	HRPA