

Long-Term & Short-Term Disability Enrollment Form

UNIVERSITY OF CONNECTICUT

AETNA LIFE INSURANCE COMPANY

Name (first, middle initial, last name)			
Home Address Street	City	State	Zip Code
Date of Birth	Job Position/Department		
Email Address			
Social Security Number		UConn Employee Number	

UConn's voluntary disability plan has two parts. The first part is a short-term disability plan that will pay weekly benefits after you have been disabled for 30, 60, or 120 days (depending on the plan you choose).

The short-term part of your disability plan will pay weekly benefits until you have been disabled for a total of six months. Then the long-term disability plan will automatically pay you monthly benefits until age 65 or to your Social Security Normal Retirement Age, if later.

Please Check One Box

I REQUEST COVERAGE for the Group Long Term and Short Term Disability Plans under Aetna's group insurance contracts, as now or hereafter applicable to me, and authorize the appropriate deductions from my wages.

Waiting Period (before benefits begin, if disabled):

30 Days 60 Days 120 Days

Your premiums will be deducted automatically from your paycheck and will change as your age, salary and/or benefits may change. You also authorize Aetna or its representatives or successors to obtain employee information from the UConn Payroll Department in the event of a claim. A certificate of insurance with detailed information is available at: www.collegebenefitsgroup.com

Employee Signature: _____ **Date:** _____

Mail the completed form to us at College Benefits Group, PO Box 522, Storrs, Connecticut 06268-0522. You can also fax the form to us at (860) 429-9513.