

The Lafayette Life Insurance Company

LTD Enrollment Form

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|--|--|--|---|
| Employer must complete sections 1,2 and 3 | ▶ 1. Policy Number | 2. Division No. | 3. Policyholder's Name United Cerebral Palsy of Greater Sacramento |
| | 4. Employee's Last Name | First | Middle |
| Employee must complete sections 4, 5, 6 and 7 | ▶ 5. Social Security Number | 6. Employee's Birthdate | 7. Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| Employer must complete sections 8, 9, 11 and 12. Complete section 10 only if working less than your normal work week, less than 30 hours per week or salary is based on an hourly schedule. Section 11 must be exact salary. | ▶ 8. Employment Date | 9. Employee's Occupation and/or Title | |
| | ▶ 10. Hours worked weekly | 11. Salary \$ <input type="checkbox"/> Weekly <input type="checkbox"/> Annually <input type="checkbox"/> Monthly | 12. Insurance effective date |
| This is to authorize applicable deductions and to verify form accuracy | ▶ 13. I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage requested above. This signature is also to verify the accuracy of the information on this form. | | |
| | ▶ Signature | Date | |

Employer: Retain this card in your files. One copy should be sent to the insurer. Be sure to issue the Certificate of Coverage to your employees

For Employer's Use:

| Date of Salary Change | New Salary Amount | Date of Salary Change | New Salary Amount |
|-----------------------|-------------------|-----------------------|-------------------|
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| | | | |

Employee's Last Name *First* *Middle Initial*

Declination of Long Term Disability Income Insurance

This coverage can be declined only if you pay part of or all of the premiums.

I have been offered this LTD insurance coverage and decline to purchase it at this time.

I understand that in the event I desire such insurance at a later date, I will be required to furnish evidence of insurability at my own expense, and the company will have the right to refuse my request.

Signature Date Witness' Signature

Employer: Declinations are to be retained in your files
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