WASHINGTON UNIVERSITY IN ST. LOUIS
LONG TERM DISABILITY (LTD) BUY-UP PLAN
ELECTION FORM

PERSONAL INFORMATION:			
Name:		Employee ID#	
Campus Box:		Base Annual Salary: (up to $160,000)	
Date of Hire:		Effective Date	

LTD BUY-UP BENEFIT:	
Disability Income after 3 months of Medical Leave	60% of your monthly salary to a monthly maximum of $8,000

Rate per $100 of Monthly Salary = $.17

TO CALCULATE YOUR MONTHLY PREMIUM. (PAID BY EMPLOYEE.)
1. Divide your base annual salary by 12 to find your covered monthly salary (up to a maximum of $13,333).
2. Divide your covered monthly salary by $100 (move the decimal point two places to the left).
3. Multiply the result in #2 by $.17

EXAMPLE:

1. $60,000 ÷ 12 = $5,000
2. $5,000 ÷ 100 = $50
3. $50 x .17 = $8.50

BASED ON THE EXAMPLE ABOVE YOUR MONTHLY PREMIUM IS $_____

_____ **Yes, I would like to enroll in the LTD Buy-Up Plan**

See your Plan Administrator or refer to your enrollment materials for details about exclusions.

Delayed Effective Date: Insurance will be delayed if an employee is not in active employment because of an injury, sickness, leave of absence or temporary lay-off on the date that insurance would otherwise be effective.

Any increased or additional insurance will be delayed if the employee is not in active employment because of an injury, sickness, leave of absence or temporary lay-off on the date that insurance would otherwise be effective.

Request for Signature: I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and am authorizing after-tax payroll deductions from my earnings. If for any reason I fail to complete a new enrollment form, the elections shown on this form will remain unchanged, although the cost may change.

RETURN THIS FORM WITH THE EVIDENCE of INSURABILITY FORM TO:
Unum
P.O. Box 9783
Portland, ME 04104-5083

_____ _____
Employee Signature Date