



Income Protection Program Enrollment Form

Personal Information:

Name: _____

Social Security Number: _____

Effective Date: _____

Income Protection (short-term):

Please check ONE box below and sign at the bottom. Return this form to the Human Resources Department.

- Option 1: 14 Day Waiting Period for Benefits
- Option 2: 28 Day Waiting Period for Benefits
- Option 3: 42 Day Waiting Period for Benefits
- Option 4: I waive the options above.

Income Protection - Additional Coverage (long-term):

- Additional Coverage to protect my annual income over \$50,000.

Return form within 31 days from the later of:

- 1) the date you completed 6 months of service, or**
- 2) the date your annual earnings exceed \$50,000.**

Enrollments submitted later will require evidence of insurability.

I authorize my employer to deduct premiums for the selected coverage from my paycheck on a post-tax basis.

Signature _____

Date _____