

## Disability Income Insurance Enrollment Form

*INSTRUCTIONS: Top box to be completed by the Employer/Plan Sponsor. Remainder to be completed by the Employee.*

Name of Employer/Plan Sponsor <b>University of Florida College of Medicine (Basic Science)</b>		Group/Plan Number <b>66284-4</b>	Account Number/Location <input type="checkbox"/> 001 - Gainesville <input type="checkbox"/> 002 - Jacksonville
Class/Occupation	Date of Hire	Annual Salary	Employment Status: <input type="checkbox"/> Active Full-Time <input type="checkbox"/> Retired <input type="checkbox"/> Active Part-Time
This change is due to: (check all that apply) <input type="checkbox"/> Change in Coverage Amount <input type="checkbox"/> Other: _____ <input type="checkbox"/> Initial Eligibility Following Hire			Effective Date of Coverage or Change:

### Employee Information

Employee Name ( <i>last, first, middle initial</i> )	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth / /	Social Security #	Employee I.D. #
Employee Address ( <i>street address, city, state, zip code</i> )			Telephone Work ( ) Home ( )	

### Disability Income Coverage

Monthly Income Benefits (LTD)	<input checked="" type="checkbox"/> Elect Coverage ( <i>Note: LTD coverage is employer provided.</i> ) <input type="checkbox"/> Elect Non-Taxable Benefit
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**READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW**

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**

Employee's Signature	Date Signed / /
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