Short-Term Disability Enrollment Form Policy #96095

Human Resources
Building 2455, Suite 221
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
Tel: (937) 775-2120 Fax: (937) 775-3040

Reason for Enrollment:

☐ New Hire	☐ Open Enrollment	☐ Life Event: _____	Effective Date: _____

Employee Information:

Last Name:	First Name, Middle Initial:	University ID:
Social Security Number: / Date of Birth: / Gender: ☐ Male ☐ Female / Daytime Phone:		
Address:	City: / State: / Zip Code:	
Date of Hire: / Title:		
Department: / Annual Salary: / ☐ Paid Monthly ☐ Paid Bi-Weekly		

Short-Term Disability Cost Calculation:

To calculate your monthly cost for this coverage, complete the calculations below.
Note, final cost may vary slightly due to rounding.

_____ ÷ 100 = _____ X _____ = _____ ÷ 12 = _____

Annual Salary* | Your Rate | Annual Cost. | Monthly Cost

**If your salary exceeds $200,200.00, use $200,200.00 as your annual salary in the calculation.*

Rates** (per $100.00 of Covered Salary)

***Rates are based on age as of December 31st of the plan year. Rates increase as you age.*

Age	Rate
< 55	$0.296
55 - 59	$0.319
60 - 64	$0.402
65 - 69	$0.470
70+	$0.516

☐ **YES,** I would like to participate. I authorize Wright State University to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form. I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.**

☐ **NO,** I do not wish to participate. I understand that evidence of insurability does not guarantee coverage, and will be required, at my own expense, if I decide to elect this coverage in the future.

_____ Signature

_____ Date

Employer Use Only		
Effective Date:	Premium:	☐ PDADEDN