

INSURANCE ENROLLMENT FORM

Short-Term Disability (STD) Enrollment Form



Policy Holder: **Fond Du Lac Reservation Business Committee**

Policy Number: **VDT961995**

EMPLOYEE INFORMATION – Complete all information below

Name _____ Gender: M F

Birthdate _____ Social Security # _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Date Hired _____ Title or Occupation _____ Annual Salary \$ _____

Please check the appropriate box.

- I accept the STD insurance provided by the Company's Group Insurance Plan and authorize the deduction from my earnings of the required contribution toward the cost of the insurance.
- I have been offered STD insurance and decline to purchase it at this time. I understand that if I wish to participate at a later date, I may be required to furnish evidence of insurability at my own expense and that coverage is subject to the Insurance Company's approval.

Late entrants must complete an Evidence of Insurability Form. Coverage for late entrants is subject to the Insurance Company's approval.

If you are not in active service on the date your coverage would otherwise take effect, you will be covered on the date you return to active service.

Pre-Existing Condition Limitation: A pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 3 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.

Please Sign Here  Signature _____ Date _____

Return original to your employer and make a copy for your records.

Short Term Disability Deduction Calculation

Take your average weekly salary, multiply by 0.60. This is your weekly benefit. Divide this by 10 and multiply by the appropriate rate for your age. This is your monthly cost. Divide by 2 to approximate your cost per paycheck.

Age	Per \$10 of Weekly Benefit	Age	Per \$10 of Weekly Benefit
Under 29	\$0.779	50-54	\$0.559
30-34	\$0.672	55-59	\$0.681
35-39	\$0.557	60-64	\$0.808
40-44	\$0.433	65-69	\$0.922
45-49	\$0.461	70+	\$1.103

EXAMPLE

$$\begin{array}{cccccccccccc}
 \underline{\$15.00} & \times & \underline{40} & = & \underline{\$600.00} & \times & \underline{0.60} & = & \underline{360.00} & \div & \underline{10} & \underline{36} & \times & \underline{\$0.56} & = & \underline{\$20.12} & \div & \underline{2} & = & \underline{\$10.06} \\
 \text{Hourly} & & \text{Hours} & & \text{Avg} & \text{Multiply} & & & & \text{Divide} & & & & \text{Rate} & & \text{Monthly} & \text{Divide} & & & \text{Semi-} \\
 \text{Rate} & & \text{worked} & & \text{weekly} & \text{Avg weekly} & & & & \text{by 10} & & & & \text{from} & & \text{deduction} & \text{by 2} & & & \text{monthly} \\
 & & \text{per} & & \text{salary} & \text{salary by} & & & & & & & & \text{age} & & & & & & \text{deduction} \\
 & & \text{week} & & & \text{0.60} & & & & & & & & \text{grid} & & & & & &
 \end{array}$$

WORKSHEET

$$\begin{array}{cccccccccccc}
 \underline{\hspace{1cm}} & \times & \underline{40} & = & \underline{\hspace{1cm}} & \times & \underline{0.60} & = & \underline{\hspace{1cm}} & \div & \underline{10} & \underline{\hspace{1cm}} & \times & \underline{\hspace{1cm}} & = & \underline{\hspace{1cm}} & \div & \underline{2} & = & \underline{\hspace{1cm}} \\
 \text{Hourly} & & \text{Hours} & & \text{Avg} & \text{Multiply} & & & & \text{Divide} & & & & \text{Rate} & & \text{Monthly} & \text{Divide} & & & \text{Semi-} \\
 \text{Rate} & & \text{worked} & & \text{weekly} & \text{Avg weekly} & & & & \text{by 10} & & & & \text{from} & & \text{deduction} & \text{by 2} & & & \text{monthly} \\
 & & \text{per} & & \text{salary} & \text{salary by} & & & & & & & & \text{age} & & & & & & \text{deduction} \\
 & & \text{week} & & & \text{0.60} & & & & & & & & \text{grid} & & & & & &
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