

FULL TIME MEMBERS CPF UNION LTD PLAN



Name of Local:

Policy: LTD 126555

UNION MEMBER: ☐ YES ☐ NO

Application Type: ☐ New Enrollment ☐ Change

Member Information			
Name:		Date of Employment: ____/____/____	Date of Birth: ____/____/____
Address :		City:	State: Zip:
Phone:	Cell:	Employee ID:	SS.#
Are you actively performing all the duties of your occupation or profession? <input type="radio"/> Yes <input type="radio"/> No			
If "No," explain: _____			

Coverage Levels	Enroll or Decline	Total Amount Applied For	Monthly Premium
PREMIUM LTD Plan	<input type="radio"/> Enroll <input type="radio"/> Decline	66 2/3% of Income	\$33.00 + \$1.00 = \$34.00 per month
STANDARD LTD Plan	<input type="radio"/> Enroll <input type="radio"/> Decline	55% of Income	\$19.00 + \$1.00 = \$20.00 per month

****Enroll" authorizes payroll deduction of premiums.**

During an approved enrollment, guaranteed issue (GI) amounts of insurance will not require evidence of insurability provided this form is complete, signed and received during your enrollment period. If you desire insurance at a later date: (1) you may be required to furnish, at your own expense, evidence of each person's insurability; and (2) Reliance Standard will have the right to refuse your request.

X


Member's Signature

Date

I understand and agree that:

- ☐ The information provided on the Enrollment form is true and correct to the best of my knowledge.
- ☐ The insurance requested will become effective in accordance with the individual effective date information in the Policy; any amount subject to evidence of insurability will not become effective until approved by Reliance Standard and Reliance Standard has the right to refuse my request. Coverage is subject to a minimum participation requirement at the employer level and if the minimum is not met, coverage may not be issued even though an enrollment form has been completed. An effective date is subject to eligibility requirement, satisfaction of service waiting period (if applicable) and payment of first premium when due. An effective date may be deferred for an employee not actively at work.
- ☐ Benefits are subject to terms and conditions of the Policy.
- ☐ If payroll deduction of premiums begins prior to Reliance Standard's processing of the enrollment form, it does not mean coverage is in effect; premiums paid for coverage not issued will be returned.
- ☐ Benefits may not be payable for a disability due to a pre-existing condition, should the insured become disabled due to such pre-existing condition within the first 24 months of coverage. A pre-existing condition is any condition (whether diagnosed or not) for which an insured sought treatment, advice, care or services from a doctor, or for which he/she took prescription drugs or medicines within 12 months before the individual effective date of coverage.

Please Note: During an approved enrollment, guarantee issue amounts of insurance will not require a Statement of Health form provided the Enrollment form is complete, signed and received by your employer during your enrollment period and: a) you are not a late applicant with respect to insurance for yourself; or b) during your present service with your employer or an affiliate, you have not, with respect to insurance with Reliance Standard or an affiliate: had an application withdrawn; been previously declined; had coverage postponed; or voluntarily terminated; or c) the enrollment period is not one with specific guaranteed issue/health acceptability rules.

Submit completed Enrollment form to:	 INSURANCE TRUST PO Box 27098 Fresno, CA. 93279 Phone: (888) 811-0811 Fax: (888) 273-6630
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RELIANCE STANDARD LIFE INSURANCE COMPANY

ADMINISTRATIVE OFFICE: Philadelphia, PA