

# STD/LTD ENROLLMENT FORM

Planholder Name (Company Name)		Group Plan No.:	
<b>HEALTH &amp; WELFARE TRUST FUND OF INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 &amp; 70</b>			
Planholder Street Address	City	State	Zip

<b>EMPLOYEE</b>				<b>Please provide this information about YOURSELF</b>			
First Name, Middle Initial, Last Name:			Sex:	Date of Birth (mm/dd/yyyy)		Social Security No.	
			<input type="checkbox"/> M <input type="checkbox"/> F				
Address			City		State	Zip	
The best way to reach you: _____ Day Phone _____ Evening Phone _____ Email			Day Phone #		Evening Phone #		
			Email Address				
Employer			Job Title			Annual Salary/Earnings \$	

<b>SHORT TERM DISABILITY INSURANCE</b>	
STD Plan	<input type="checkbox"/> Weekly Benefit as per collective bargaining agreement
	<input type="checkbox"/> I Waive This Coverage (if allowed in your collective bargaining agreement)

<b>LONG TERM DISABILITY INSURANCE</b>	
LTD Plan	As per your collective bargaining agreement, you are automatically enrolled in this benefit.

<b>SIGNATURE</b>	
<ul style="list-style-type: none"> <li>. I hereby apply for the group benefit(s) above.</li> <li>. I understand that I must meet eligibility requirements for all coverage's above.</li> <li>. I understand that I must be actively at work or my life and/or disability coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service. This requirement does not apply to eligible retirees.</li> <li>. I agree that my employer may deduct premiums from my pay; if they are required for the above coverage.</li> <li>. I attest that the information provided above is true and correct to the best of my knowledge.</li> <li>. Any person who with intent to defraud or knowing that he/she is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.</li> </ul>	
<b>SIGNATURE OF EMPLOYEE</b>	<b>DATE</b>

<b>FOR FUND USE ONLY</b>	
Class	Benefit Effective