Standard Insurance Company

Please return this completed form to the City of San José Human Resources Department, 408-535-1285 200 E Santa Clara St 4th Floor San José CA 95113



City of San José LTD Enrollment Form

Policy Number		Suffix		Employer Name (Policyowner)		Social Security #		
282971		Sumx				Social Security #		
282971				City of San José				
Member Name (Last, First, Middle)				Sex		Birthdate		
				Male Female		Mo/Day/Yr		
						M0/Day/1r		
Address (street)				City		State	ZIP	
Former Name (Last, First, Middle) Complete only if name change					Phone Nun	nber		
Date Employed	Employed Occupation A			ng for	Eff. Date of Ins.			
Mo/Day/Yr	occupation			30 🗌 LTD 60	Mo/Day/Yr			
				ng from LTD 30 to LTD 60	D 60			
			Moving from LTD 60 to LTD 30					
Hours Worked Weekly for this Employer (Excl. O.T.)	Department Ba			Basic Bi-Weekly Earnings				
			(From this Employer)\$					
A. I understand that I am enrolling in a group Long Term Disability (LTD) insurance program* through my employer. I authorize deductions from my wages to cover my contribution toward the cost of my insurance.								
Date			Sim	Signature of Employee (if enrolling in coverage)				
Date			Sigi	Signature of Employee (in enforming in coverage)				
B. To be completed only if refusing coverage for which you must pay part or all of the cost:								
The group insurance available has been explained to me. After careful consideration I have decided that I do not want to enroll in the long term disability insurance program. I understand that to enroll later, I may be required to provide Standard Insurance Company with satisfactory Medical Evidence of Insurability and that Standard Insurance Company will have the right to refuse my request for insurance.								
Date			Sig	Signature of Employee (if refusing coverage)				

*If you are enrolling in LTD coverage for the first time and are not a new employee, Evidence of Insurability may be required. To submit your Evidence of Insurability, please visit: www.standard.com/mybenefits/sanjose/eeoi.html