RELIANCE STANDARD

Life Insurance Company

a DELPHI company

Instructions: Use this form only for cases that offer the employee the ability to purchase voluntary disability coverage. Type or print with ballpoint pen. The employee and the policyholder must each receive a copy of the completed Voluntary LTD Enrollment Form.

						untary LID Enrollment Form
ţ	(1) Policyholder/Employer Sauk Valley Community College					RSL Policy No. L 300211
All sections must be completed to ensure accurate processing.	(3) Location/Bill Group 000001		(4) Full-Time Employment D		nent Date	(5) Class N/A
	(6) Hours Per Week	(7) Job Title		(8) Annual	,	
	(9) Employee's Full Name				(10) Payroll Cycle I receive my paycheck: □ Weekly □ Monthly □ Bi-Weekly □ Other:	
15	Last	First MI		MI	☐ Semi-Monthly	
All se en	(11) SSN/Employee ID	(12) Ge				loyee's Birth Date
Choose Only One (14) or (15)	 ☐ I request for Group Insurance Coverage ☐ I request to purchase Voluntary LTD Insurance Coverage in the amount of 65% of earnings per month as described in the Policy. I authorize my employer to deduct from my salary or wages the necessary premium for the coverage requested above. The signature below also verifies the accuracy of the information contained on this form. ☐ Declination of Group Insurance Coverage ☐ I have been offered and have declined to purchase the Voluntary LTD Insurance Coverage. ☐ I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability at my own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse my request. 					
	I understand that any coverage will not become effective until and unless approved by RSL, and upon approval, any benefits payable are subject to the terms, conditions and limitations of the Group Disability Policy. I also understand that the amount of any payroll deduction may be adjusted based on underwriting changes or age changes that affect the rates charged.					
	Employee Signature					Date

Please complete, sign, date and return this enrollment form to Human Resources.