OPTIONAL DISABILITY INSURANCE ENROLLMENT FORM

Long-Term Disability (LTD) Buy-Up Enrollment
Policy Holder: County of Ventura
Policy Number: 0154209

- *If you would like to enroll in the optional disability insurance plan below, you must complete this form and return to County of Ventura- Benefits via email to Benefits.ServiceRep@ventura.org* ***no later than June 1, 2024.***
- *After June 1, 2024, it is possible to request enrollment in this plan, however, your enrollment will be subject to underwriting.*
- *If you* ***do not*** *wish to enroll in any of the optional benefit plans below,* ***no further action is required****, and this form may be discarded.*

Employee Name: ____Employee ID#_________

Department: ____Date of Hire: _________

Employee Paid Long Term Disability- Please initial the following three acknowledgements if enrolling in optional employee paid Buy-Up Long-Term Disability Coverage:

______I understand that a core Long-Term Disability insurance plan is already provided to me as an employer paid COV benefit.

______Please enroll me in the employee-paid optional Buy-Up Long-Term Disability insurance plan. I authorize the Auditor-Controller to deduct premiums needed to enroll and maintain enrollment in this plan, and if necessary to adjust the amount of payroll deductions/credits (including retroactive adjustments) to correct any premium over-payments or under-payments for this plan.

______I understand that if I am currently on a leave of absence, I may still enroll in this plan, however, I am not eligible for this benefit during the duration of said leave, and I also understand that premium payments begin as of the enrollment date.

Employee Signature: ____Date: ________________

Employer Only:

Date Entered____________________________Processing ID#________________