COUNTY of VENTURA
County Executive Office
Human Resources/Benefits

OPTIONAL DISABILITY INSURANCE ENROLLMENT FORM

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

- To enroll in the optional disability insurance plans listed below, you must complete this form and submit it to the County of Ventura Benefits Department via email at Benefits.ServiceRep@ventura.org. **This must be done within the the first 90 days of your hire date (inclusive of the hire date) or within 60 days from the date you receive a pay increase that brings your monthly income to $3,500 or more, without the need for evidence of insurability (i.e., no health assessment).**
- Enrollment in the plan listed below is available after the initial 90 days of employment; however, your enrollment will be subject to underwriting.
- If you **do not** wish to enroll in the optional benefit plan 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#_____