



Long Term Disability Through The Standard Enrollment/Waiver Form

ENROLLMENT

I hereby certify that I am enrolling in the university's Long Term Disability Plan provided through The Standard.

Date	
Name	
Banner ID	
Signature	

WAIVE

I hereby certify that I am waiving my participation in the university's Long Term Disability Plan provided through The Standard. I also certify that I am aware that I will not be able to enroll in the plan at a later date.

Date	
Name	
Banner ID	
Signature	

***** University Human Resources Use Only *****

HR Representative	
Banner Entry Date	