



Town of Davie
Voluntary "Buy Up"
Group Long Term Disability Insurance

All employees must complete the information below and sign at the bottom *regardless* of whether you are electing coverage.

Name: _____ Social Security #: _____
 Date of Birth: _____ Job Title: _____
 Annual Salary: _____

Voluntary Buy Up Long Term Disability Insurance Plans – Employee Coverage

The **Town of Davie** is providing a base LTD plan, **Plan1**, at no cost to employees. The base plan will cover 40% of your earnings to a maximum of \$3,333. You have the opportunity to increase your long term disability to 50% or 60% of your earnings.

	<i>Plan 1</i>	<i>Plan 2</i>	<i>Plan 3</i>
	Employer Paid	Employee Paid	Employee Paid
Benefit Waiting Period	90 Days	90 Days	90 Days
Maximum Benefit Period	Age 65	Age 65	Age 65
Insured Pre-disability Earnings	\$8,333	\$8,333	\$8,333
Maximum Monthly Benefit	\$3,333	\$4,167	\$5,000
Minimum Monthly Benefit	\$100	\$100	\$100
Monthly Benefit	40% of Earnings	50% of Earnings	60% of Earnings
Monthly Payroll Deduction	Employer Paid	(Rate .28)	(Rate .32)

Your bi-weekly payroll deduction cost for Long Term Disability Plan 2 based on 26 pay periods per year will be approximately \$_____. Final cost may vary slightly due to rounding differences.

Your bi-weekly payroll deduction cost for Long Term Disability Plan 3 based on 26 pay periods per year will be approximately \$_____. Final cost may vary slightly due to rounding differences.

- _____ **Yes.** I would like to participate in Plan 2 of the Long Term Disability Plan.
- _____ **Yes.** I would like to participate in Plan 3 of the Long Term Disability Plan.
- _____ **No.** I would not like to participate in the **Town of Davie** Long Term Disability Buy-Up Plan. I understand that by not enrolling now **I must provide proof of good health to enroll at a later date and I may not be eligible.**

Employee Signature

Date: _____ Employee Signature _____

I understand that by signing and submitting this form to elect coverage, I am making a binding election for my benefits and authorizing payroll deductions from my salary.

<i>For Office Use Only</i>	
Effective Date	_____
Bi-Weekly Cost	_____
Plan 2 <input type="checkbox"/>	Plan 3 <input type="checkbox"/>
Today's Date:	_____
Start Date:	_____
Pay Period Date:	_____
Completed By:	_____



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