To help protect against the financial hardship you and your family would suffer if you became disabled and could not work, the University of the Virgin Islands is providing you with group long-term disability coverage. This insurance plan contains the following features:

- Replaces a percentage of your monthly income
- Continues to contribute to your retirement plan
- Provides annual increases to help counter inflation
- Gives a lump sum benefit to your survivors
- Offers Social Security Assistance and rehabilitation

The policy provision, definitions, and limitations are fully detailed in your Certificate of Insurance which is enclosed. Please be sure to check them.

HIGHLIGHTS:

- ELIGIBILITY

All full-time faculty members, administrative staff, and professional staff members on regular appointments.

- COST

The University of the Virgin Islands is pleased to provide this insurance at no cost to you.
Please consult with your employer to determine what coverages are available to you under your plan and if the insurance you elect requires proof of good health. You cannot be insured for coverage elected on this form which you are not eligible for under the TIAA group insurance policy issued to your employer. If you elect an insurance option that is greater than that for which you are eligible, you will automatically be insured for the highest option you would otherwise be eligible for.

For an initial enrollment, please complete Part 1 of this form, sign, date and return it to your employer as soon as possible. For a change in your insurance coverage, complete only those sections that apply to the change being requested, sign, date, and return the form. Please retain the pink copy for your records.

### Part 1 - EMPLOYEE INFORMATION
(To be completed by employee) Please Print

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>M.I.</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Sex</th>
<th>Employment Date</th>
<th>Position (Title)</th>
<th>Annual Salary</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**Coverage Selection (check one):**
- I elect only the insurance to which I am or may become entitled at no cost to me.
- I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance.
- I do not wish to enroll or participate (applicable only to contributory plans.)

**Optional Income Benefit (if applicable):**
- I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance. If more than one option is available, indicate option selected: ___________ Option Selected
- I do not wish to enroll or participate (applicable only to contributory plans.)

**Certification of Disability Insurance Coverage Through Previous Employer (if applicable):**

<table>
<thead>
<tr>
<th>Previous Employer</th>
<th>Prior Insurance Company</th>
<th>Date Prior Coverage Terminated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Mo.</td>
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</tbody>
</table>

Employee Signature

### Part 2 - EMPLOYER INFORMATION
(To be completed by employer)

**Employer**

**Group No.**

**Sub Unit (if applicable)**

<table>
<thead>
<tr>
<th>Date Employee Entered an Eligible Class</th>
<th>Reinstatement</th>
<th>Date Re-Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mo.</td>
<td>Day</td>
<td>Year</td>
</tr>
</tbody>
</table>

**Annuity Premium Benefit (if applicable) (check one):**
- The employee is participating in our formal retirement plan.
- TIAA-CREF
- Other ___________
- The employee is eligible but is not participating in our formal retirement plan.
- The employee is not eligible for our formal retirement plan.

**Occupation Information - Complete all Questions**

1. **Eligible Class:** Employee is a member of eligible class:  □ 1 □ 2 □ 3 □ Other ____________ (fill in class)

2. **Position Type:** Employee is a member of the:  □ Faculty □ Administration □ Technical/Professional □ Secretarial/Clerical □ Maintenance/Housekeeping □ Other ____________

3. **Occupation Class:** Choose A or B or circle a title in one of the examples below.

**A. Professional**
- Associates who are usually engaged in activities that are considered non-physical in nature (sedentary - light).
- Examples: Professor, Nutrition Adviser, Coach, Human Resources Staff Specialist, Librarian, Marketing Coordinator, Risk Manager, Engineer, Telecommunication Specialist, Administrator, Secretary.

**B. Service**
- Associates who are usually engaged in activities that are considered physical in nature. These positions include supervisors of these staff members.

Employer = Original  The Standard = Canary Copy  Employee = Pink Copy (Please keep for your records)