

TIAA/CREF COVERAGE FOR  
GROUP LONG-TERM DISABILITY  
HIGHLIGHTS

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.



# Group Insurance Enrollment/Change Form DISABILITY



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.

<input type="checkbox"/>	Initial Request
<input type="checkbox"/>	Change Request
	Effective Date
	/ /

<b>Part 1 EMPLOYEE INFORMATION (To be completed by employee) Please Print</b>			
Last Name	First	M.I.	Social Security Number
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employment Date	Position (Title) Annual Salary \$
<b>Coverage Selection (check one):</b> <input type="checkbox"/> I elect only the insurance to which I am or may become entitled at no cost to me. <input type="checkbox"/> I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance. <input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)		<b>Optional Income Benefit (if applicable):</b> <input type="checkbox"/> 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 <input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)	
<b>Certification of Disability Insurance Coverage Through Previous Employer (if applicable):</b>			
Previous Employer	Prior Insurance Company	Date Prior Coverage Terminated Mo. Day Year	
Employee Signature			Date

<b>Part 2 EMPLOYER INFORMATION (To be completed by employer)</b>			
Employer	Group No.	Sub Unit (if applicable)	
Date Employee Entered an Eligible Class Mo. Day Year	Reinstatement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Re-Employed Mo. Day Year	
<b>Annuity Premium Benefit if applicable (check one):</b> <input type="checkbox"/> The employee is participating in our formal retirement plan. <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> Other _____ <input type="checkbox"/> The employee is eligible but is not participating in our formal retirement plan. <input type="checkbox"/> The employee is not eligible for our formal retirement plan.			
<b>Occupation Information – Complete all Questions</b>			
1. Eligible Class: Employee is a member of eligible class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____ (fill in class)			
2. Position Type: Employee is a member of the: <input type="checkbox"/> Faculty <input type="checkbox"/> Administration <input type="checkbox"/> Technical/Professional <input type="checkbox"/> Secretarial/Clerical <input type="checkbox"/> Maintenance/Housekeeping <input type="checkbox"/> Other _____			
3. Occupation Class: Choose A or B or circle a title in one of the examples below.			
A. <input type="checkbox"/> 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. <input type="checkbox"/> Service Associates who are usually engaged in activities that are considered physical in nature. These positions include supervisors of these staff members. Examples: Baker, Carpenter, Custodian, Cook, Electrician, Locksmith, Security Guard, Mechanic, Supply Room Clerk, Nutrition Aide, Staff Nurse, Welder, Parking Attendant, Grounds Keeper, Extension Agent.			

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