

**ENROLLMENT/WAIVER FORM  
THE STANDARD  
LONG TERM DISABILITY**

**ENROLL**

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

**Name:** \_\_\_\_\_

**Banner ID Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**WAIVE**

I hereby certify that I am waiving my participation in the College'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.

**Name:** \_\_\_\_\_

**Banner ID Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Human Resources Use Only**

**HR Representative:** \_\_\_\_\_

**Banner Entry Date:** \_\_\_\_\_