



**Long-Term Disability Insurance
Transport Workers Union of America**

Name:	Date of Birth:
Home Address:	Home Phone #:
Employee #:	Date of Hire:
Local Union Number:	

Instructions:

If you **would like to enroll** in the Long-Term Disability Plan, complete this enrollment form and a *Personal Health Application* and mail to:

**The Hartford
Karen Marsalko
3000 Internet Blvd. Suite 600
Frisco, TX 75034**

Long Term Disability Insurance

If you do not enroll within 31 days of your first day of eligibility, you will be considered a "late entrant." Late entrants must show evidence of insurability by completing a *Personal Health Application*. You may be responsible for the cost of physical exams or other associated costs if they are required. You must be approved by The Hartford to receive coverage. You may obtain a *Personal Health Applications* from your Local Union Representative.

I elect to enroll in the Voluntary Long Term Disability Plan

Member Confirmation

I acknowledge that I have been given the opportunity to enroll in the Long-Term Disability Insurance coverage offered through Transport Workers Union of America (TWU). I understand and agree that the insurance will go into effect and remain in effect only in accordance with the provisions, terms and conditions of the insurance policy. I understand and agree that only the insurance policy issued to the policyholder, TWU, can fully describe the provisions, terms, conditions, limitations and exclusions of the insurance coverage. In the event of any difference between the enrollment form, benefit highlight sheet and the insurance policy, I agree to be bound by the insurance policy.

I understand and agree that the maximum duration of benefits payable by The Hartford will be limited to a specified period starting at a specified age and that a claim for benefits may not be approved for a preexisting condition.

I understand that no insurance will be valid or in force if I am not eligible or approved by The Hartford in accordance with the terms of the group policy issued to TWU.

I authorize my employer to make the appropriate payroll deductions from my earnings on a post-tax basis.

Signed _____ Date _____

Underwritten by Hartford Life And Accident Insurance Company. The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Policies sold in New York are underwritten by Hartford Life Insurance Company. Home Office of both companies: Simsbury, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. Expertise without equal.