



# 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</b> (check one):		<b>Optional Income Benefit</b> (if applicable):		
<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. If more than one option is available, indicate option selected.		
<input type="checkbox"/> I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance.		_____ Option Selected		
<input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)		<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</b> (if applicable):				
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</b> (check one):				
<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: <b>Choose A or B or circle a title in one of the examples below.</b>				
A. <input type="checkbox"/> <b>Professional</b> 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"/> <b>Service</b> 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.				