

# Voluntary Enrollment Form

for voluntary short term disability coverage



**Instructions: if a Late Enrollee**, request coverage during an annual enrollment period and attach form AICK 4EV.

Your employer is: \_\_\_\_\_ AICK group no. \_\_\_\_\_ Class \_\_\_\_\_

## Section 1 – Employee and employment information

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Residential address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_

Birth date \_\_\_\_\_ Gender:  Male  Female Social security number \_\_\_\_\_ Date of hire \_\_\_\_\_

Employee Occupation/Job Title \_\_\_\_\_

Your phone number:  Home/Cell \_\_\_\_\_  Work \_\_\_\_\_  
Area code + number Area code + number

I am actively at work performing all my job duties:  Yes  No and I work \_\_\_\_\_ hours weekly for this employer.  
indicate number

\$ \_\_\_\_\_  HR  WK  MO  ANN Base earnings (do not include commission, bonuses, overtime or any other extra compensation except as shown in the group policy)

### Check one:

- I am a new employee enrolling at my first opportunity.
- I am a rehired employee. Rehire date: \_\_\_\_\_
- I am an existing employee enrolling due to: Date of occurrence (of the event checked below) \_\_\_\_\_
  - Temporary to permanent
  - Annual enrollment (complete AICK 4EV to submit with this form)
  - Other (explain) \_\_\_\_\_

## Section 2 – Your authorization

I understand that if I am not at work on the effective date of the coverage, this coverage will not begin until the day I return to active work. I understand that to be insured I must be actively at work 1) performing all the normal duties of my job, 2) at the usual place, 3) for the required hours each week as stated in the group policy. I authorize the necessary payroll deductions from my earnings. I am a resident citizen of the U.S.A. or an alien legally residing in the U.S.A. and the information which I have provided on this form is true and correct as it pertains to my status with the named employer.

### Your signature required

Employee's signature \_\_\_\_\_ Date signed \_\_\_\_\_

Print your name \_\_\_\_\_