



# Full Long-term Disability Plan Waiver

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Home Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone Number \_\_\_\_\_ Department \_\_\_\_\_ Campus Address \_\_\_\_\_

I have elected to discontinue the Full Long-term Disability Plan. I understand that Vanderbilt insures the first \$24,000 of my annual salary under the Basic Long-term Disability Plan. I understand that discontinuing Full Long-term Disability coverage may have serious consequences for future coverage in that I will no longer be entitled to automatic coverage. Instead, if I wish to reinstate Full Long-term Disability coverage, I will need to submit an application and be able to provide satisfactory evidence of good health at the date of application. I further understand that if I am unable to submit satisfactory evidence of good health at that time, my application for Full Long-term Disability may be denied.

<i>Office Use Only</i>	
Pay Group	_____
ID #	_____
Eff Date	_____
Group #	_____
Date Received	

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return form to: Vanderbilt HR Benefits, VU Station B #357700, 2301 Vanderbilt Place, Nashville, TN 37235-7700