



# Long-term Disability Plan: Certification of Prior Coverage

## INSTRUCTIONS

Automatic enrollment in the Long-term Disability (LTD) plan occurs after one year of employment at Vanderbilt for eligible faculty and staff. You can waive the waiting period if you were covered by another group LTD plan within three months prior to coming to work at Vanderbilt.

To waive the one-year wait:

1. Complete "Section 1: EMPLOYEE INFORMATION" below
2. Have your previous employer complete "Section 2: INFORMATION ABOUT PREVIOUS COVERAGE"
3. Return completed original form to the Benefits Office within 90 days of your hire date

If approved, full long-term disability coverage must be effective on your hire date. Any missed LTD premiums will be collected from future paychecks.

## Section 1: EMPLOYEE INFORMATION *(Please print clearly)*

_____ Employee ID or SSN	_____ Last Name	_____ First Name	_____ M.I.	_____ Date of Birth
_____ Home Mailing Address		_____ City	_____ State	_____ Zip
_____ Work Phone Number	_____ Home Phone Number	_____ Email		
_____ Employee signature		_____ Date		

## Section 2: INFORMATION ABOUT PREVIOUS COVERAGE

*(To be completed by an authorized representative of your previous employer)*

I hereby certify that employee mentioned above was previously employed by

\_\_\_\_\_  
(Name of Employer)

and was covered under the **group** long-term disability program as indicated below:

INSURANCE COMPANY: \_\_\_\_\_

DATE LTD COVERAGE BEGAN: \_\_\_\_\_

DATE LTD COVERAGE TERMINATED: \_\_\_\_\_

_____ Signature of authorized representative	_____ Date
_____ Title	_____ Phone Number

Mail completed original form to Vanderbilt HR Benefits Office or deliver in person to HR Express. *Benefits Office Use Only*

**Mailing Address:**  
 Vanderbilt HR Benefits Office  
 VU Station B #357700  
 2301 Vanderbilt Place  
 Nashville, TN 37235-7700

**Physical Address:**  
 HR Express  
 2525 West End Avenue, Suite 200  
 Nashville, TN 37203

ID # \_\_\_\_\_  
 Pay Group \_\_\_\_\_  
 Eff Date \_\_\_\_\_  
 Approved by \_\_\_\_\_  
*Date Received in Benefits*