



Short-term Disability Plan Waiver

Employee ID or Social Security # _____ Last Name _____ First Name _____ M.I. _____ Date of Birth _____

Daytime Phone Number _____

This form discontinues participation in the Vanderbilt Voluntary Short-term Disability Plan. If you are currently enrolled in Short-term Disability and wish to no longer participate, complete this form and **return it to HR Express by 5:30 p.m., October 15, 2009.**

If you submit this form (thereby waiving coverage) and wish to re-enroll in the future, you will be required to submit an application and be subject to the underwriting criteria and pre-existing conditions clause of the Short-term Disability carrier at that time.

Your current Short-term Disability coverage will continue through December 31, 2009, and premium deductions will continue to be taken out of your paycheck until that date.

I have read and understand the information above and elect to discontinue my participation in the Vanderbilt Short-term Disability Plan effective January 1, 2010.

Signature _____ Date _____

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

Submit completed form to:
Vanderbilt HR Express, 2525 West End Avenue, second floor

This Waiver must be date-stamped 'received' by a Benefits Office staff member by 5:30 p.m., October 15, 2009 to waive Short-term Disability for 2010

Do not mail this form