



<b>Short Term Disability Buy-Up</b>	<input type="checkbox"/> Select Buy-up <input type="checkbox"/> Waive Coverage <ul style="list-style-type: none"> <li>• Vanderbilt pays for the full cost of base STD coverage.</li> <li>• This base coverage replaces 66.67% of your weekly wages up to a maximum of \$308 per week while you are disabled. You must select the Buy-Up coverage to replace a larger portion of your income, up to \$5,000 per week.</li> </ul>	
<b>Long Term Disability Buy-up</b>	<input type="checkbox"/> Select Buy-up <input type="checkbox"/> Waive Coverage <ul style="list-style-type: none"> <li>• Vanderbilt pays for the full cost of base LTD coverage.</li> <li>• Base coverage replaces 60% of your monthly wages up to a maximum monthly benefit of \$1,200 while you remain disabled. You must select the Buy-Up coverage to replace a larger portion of your income, up to \$33,000 per month.</li> </ul>	
<b>Confirmation:</b> I understand that: <ul style="list-style-type: none"> <li>• I am making an election concerning the above-described benefits. I authorize applicable payroll deductions for the plan choices indicated. This election is subject to any changes required to comply with federal or state tax laws.</li> <li>• I cannot revoke or change this election during the plan year unless there is a qualifying life event. This change must be consistent with the IRS rules relating to a change in family status. If such a change occurs, I may then revoke my earlier election.</li> <li>• I verify and affirm that the dependents enrolled for Health, Dental and/or Vision coverage are eligible under the terms of the applicable plan. I understand misrepresenting dependent eligibility is subject to disciplinary action, up to and including termination.</li> </ul>		
<b>Signature</b>	<b>Print Name</b>	<b>Date</b>

<i>For office use only.</i>	Checked for completeness: _____	Date: _____	Initials: _____
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