



Group Insurance Enrollment/Change Form DISABILITY



Please consult with your employer to determine what coverages are available to you under your plan and if the insurance you elect requires proof of good health. **You cannot be insured for coverage elected on this form which you are not eligible for under the TIAA group insurance policy issued to your employer.** If you elect an insurance option that is greater than that for which you are eligible, you will automatically be insured for the highest option you would otherwise be eligible for.

For an initial enrollment, please complete Part 1 of this form, sign, date and return it to your employer as soon as possible. For a change in your insurance coverage, complete only those sections that apply to the change being requested, sign, date, and return the form. Please retain a copy for your records.

<input type="checkbox"/> Initial Request
<input type="checkbox"/> Change Request
Effective Date
/ /

Part 1 EMPLOYEE INFORMATION (To be completed by employee) Please Print				
Last Name	First	M.I.	Social Security Number	
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employment Date	Position (Title)	Annual Salary \$
Coverage Selection (check one):		Optional Income Benefit (if applicable):		
<input type="checkbox"/> I elect only the insurance to which I am or may become entitled at no cost to me.		<input type="checkbox"/> I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance. If more than one option is available, indicate option selected.		
<input type="checkbox"/> I authorize the proper deductions, if any, from my earnings as my contribution toward the cost of this insurance.		_____ Option Selected		
<input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)		<input type="checkbox"/> I do not wish to enroll/or participate (applicable only to contributory plans.)		
Certification of Disability Insurance Coverage Through Previous Employer (if applicable):				
Previous Employer		Prior Insurance Company		Date Prior Coverage Terminated Mo. Day Year
Employee Signature				Date

Part 2 EMPLOYER INFORMATION (To be completed by employer)				
Employer	Group No.	Sub Unit (if applicable)		
Date Employee Entered an Eligible Class Mo. Day Year	Reinstatement <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Re-Employed Mo. Day Year		
Annuity Premium Benefit if applicable (check one):				
<input type="checkbox"/> The employee is participating in our formal retirement plan. <input type="checkbox"/> TIAA-CREF <input type="checkbox"/> Other _____				
<input type="checkbox"/> The employee is eligible but is not participating in our formal retirement plan.				
<input type="checkbox"/> The employee is not eligible for our formal retirement plan.				
Occupation Information – Complete all Questions				
1. Eligible Class: Employee is a member of eligible class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Other _____ (fill in class)				
2. Position Type: Employee is a member of the: <input type="checkbox"/> Faculty <input type="checkbox"/> Administration <input type="checkbox"/> Technical/Professional <input type="checkbox"/> Secretarial/Clerical <input type="checkbox"/> Maintenance/Housekeeping <input type="checkbox"/> Other _____				
3. Occupation Class: Choose A or B or circle a title in one of the examples below.				
A. <input type="checkbox"/> Professional	Associates who are usually engaged in activities that are considered non-physical in nature (sedentary - light). Examples: Professor, Nutrition Adviser, Coach, Human Resources Staff Specialist, Librarian, Marketing Coordinator, Risk Manager, Engineer, Telecommunication Specialist, Administrator, Secretary.			
B. <input type="checkbox"/> Service	Associates who are usually engaged in activities that are considered physical in nature. These positions include supervisors of these staff members. Examples: Baker, Carpenter, Custodian, Cook, Electrician, Locksmith, Security Guard, Mechanic, Supply Room Clerk, Nutrition Aide, Staff Nurse, Welder, Parking Attendant, Grounds Keeper, Extension Agent.			

Employer – Original Employee – Copy (Please keep for your records)