

## LTD INSURANCE ENROLLMENT / CHANGE FORM



**Please Print**

EMPLOYEE NAME - LAST		FIRST	MIDDLE INITIAL	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH / /	DATE OF HIRE (FULL TIME) / /		DO YOU SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NO. (THIS IS YOUR CERTIFICATE NO.)	Job Title		CLASS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> CONFIDENTIAL/SUPERVISORY <input type="checkbox"/> MANAGEMENT/CERTIFIED <input type="checkbox"/> MANAGEMENT/CLASSIFIED	
EMPLOYER <b>Chabot-Las Positas Community College District</b>	GROUP NO. / ACCOUNT NO. <b>F006604-0001</b>		LOCATION <input type="checkbox"/> Chabot College <input type="checkbox"/> District <input type="checkbox"/> Las Positas College	

<input type="checkbox"/> <b>ENROLLMENT</b>	<input type="checkbox"/> <b>CHANGE - CHECK ONE OF THE FOLLOWING ITEMS:</b>  <input type="checkbox"/> NAME CHANGE: (GIVE PREVIOUS NAME) _____  <input type="checkbox"/> OTHER: (SPECIFY) _____
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**COVERAGE SELECTION:** Your non-medical group insurance program may not include all the benefits listed below. Ask your employer for the details about the benefits available to you, your cost, if any, and whether you will be required to complete a health questionnaire.

### BASIC COVERAGE

LTD Benefit

YES  NO

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties. (not enforceable in OR or VA).

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE