

**Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.**

APPLICANT	Your Name (Last, First, Middle)		Employer Name <b>The University of North Carolina</b>		Group Number <b>134598</b>	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
DISABILITY	<p><b>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</b></p> <p><b>Long Term Disability (LTD)</b></p> <p>You <b>must</b> choose one of the following options:</p> <p><input type="checkbox"/> Elect Voluntary LTD with Monthly Annuity Premium Benefit (MAPB)</p> <p><input type="checkbox"/> Decline Voluntary LTD with Monthly Annuity Premium Benefit (MAPB)</p>					
	CHANGE	<p><b>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</b></p> <p><input type="checkbox"/> Name Change      Former name _____      <input type="checkbox"/> Other _____</p>				
SIGNATURE		<p>I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.</p> <p>If declining coverage, I understand that if I want to become insured later, I will be required to provide The Standard with satisfactory Evidence of Insurability, and that The Standard will have the right to refuse my request for insurance. I understand that coverage(s) not specifically elected will not become effective, even if not marked as declined above.</p>				
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
<p><b>Human Resources Department - Complete this section. Retain form for your records.</b></p>						
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	