





Grid for Social Security Number

If earnings include other forms of compensation, please indicate below:

Table for compensation details: Type of Compensation, Amount, Period From, To

Description text box

Insurance and coverage questions: Has insurance percentage/amount increased, Was evidence of insurability required, Was insurance in force on last day worked, Is this employee covered under an LTD plan, Survivor Benefit Life Applicable, Is this employee covered for Total and Permanent Disability Benefits, Did this employee elect the payment method, Has the employee converted any part of the group coverage to an individual policy, Has the employee applied for coverage under the Portability Plan

3 Job Information

Occupation Prior to Disability grid

Where Employed text boxes

Did employee cease work solely due to disability? If "No," check off as applicable below: Terminated, Leave of Absence, Vacation, Discharge, Resigned, Retired, Temporary Layoff, Other

Please provide a detailed job description including any and all functional requirements. Text boxes



