



City of Newport News
Employees' Retirement and Benefits Office
2400 Washington Avenue
Newport News, VA 23607

Short and Long Term Disability Enrollment Form

Employee Name:	
SSN/EID:	
Date of Birth:	
Date of Hire:	
Department:	
Salary:	

Short Term Disability

I choose to:	<input type="checkbox"/> Participate <input type="checkbox"/> Decline Participation
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Additional Long Term Disability

I choose to:	<input type="checkbox"/> Participate <input type="checkbox"/> Decline Participation
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I understand that as a newly hired employee, I have 31 days from my new hire date to elect Short and/or Additional Long Term Disability. I also understand that Open Enrollment is the only time to make changes to my Short and/or Additional Long Term Disability as a regular employee.

If you are not in active service on the date your coverage would otherwise take effect, you will be covered on the date you return to active service.

Pre-Existing Condition Limitation: Pre-existing condition is any injury or illness for which you have consulted a physician (or for which a reasonable person would have consulted a physician), received medical treatment, care or services (including diagnostic measures), taken prescribed drugs or medicines, or incurred expenses during the 6 months prior to the effective date of your insurance. If you become disabled due to a pre-existing condition, you will not receive benefits unless your disability begins more than 12 months after the effective date of your coverage.

Signature	Date
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