



City of Newport News
Department of Human Resources - Benefits Office
700 Town Center Dr., Suite #200
Newport News, VA 23606

**Short and Long Term
Disability Enrollment/Change
Form**

New Enrollment

Change Enrollment

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

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

I hereby authorize a payroll deduction to be established or modified as indicated above and agree to preceding terms.

Signature

Date