

RELIANCE STANDARD

LIFE INSURANCE COMPANY

Voluntary Long Term Disability Insurance

A MEMBER OF THE TOKIO MARINE GROUP

EMPLOYER INFORMATION

EMPLOYER: Holy Family Memorial, Inc.	POLICY NUMBER: LTD126621
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EMPLOYEE INFORMATION

Applicant's Last Name	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	
Street Address	City	State	Zip	Occupation	
Employment Date	Salary \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year		Hours per week		

BENEFITS

I request to enroll/purchase the following Voluntary Long Term Disability Insurance Coverage:

Option 1 - 50% of Earnings _____	Option 2 - 40% of Earnings _____	Option 3 - 25% of Earnings _____
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I authorize my employer to deduct from my salary or wages, if applicable, the necessary premium for the coverage(s) requested above. This signature is also to verify: (1) the accuracy of the information contained on this form.

DECLINATION OF VOLUNTARY GROUP LONG TERM DISABILITY INSURANCE

I have been offered and have declined the following Group Insurance Coverages:

Long Term Disability

I understand that in the event I desire such insurance at a later date: (1) I may be required to furnish evidence of insurability for myself and for my dependents at my own expense; and (2) Reliance Standard Life Insurance Company will have the right to refuse my request.

Employee's signature	Date:
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