

Employees' Group Insurance Voluntary Benefit Application

 New Enrollee
 New Enrollee (TP01)

 Change Options

EMPLOYEE INFORMATION

Agency Name

UNIVERSITY OF WYOMING

Employee Name (Full Legal)

SSN

Address

City

State

Zip

Date Of Hire

Date Of Birth

Marital Status

 Single Married

Gender

 Male Female

COVERAGE ELECTION

SEE BACK OF FORM FOR INFORMATION REGARDING THESE BENEFITS

Vision		Disability		Long Term Care
<input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + 1 <input type="checkbox"/> Family <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C	Dependent Name**	Date of Birth	<input type="checkbox"/> Short Term Disability (STD) <input type="checkbox"/> Long Term Disability (LTD) Earnings: _____ <input type="checkbox"/> Per Hour <input type="checkbox"/> Per Week <input type="checkbox"/> Per Month <input type="checkbox"/> Per Year Hours Worked Per Week: _____	Long Term Care is available to our member with an underwriting process directly through Genworth. <p style="text-align: center;">TO APPLY</p> Simply Visit Online At www.Genworth.Com/Groupltc • Enter Group Name: statewy • Enter Access Code: groupltc • OR Call 1-800-416-3624

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I also understand these benefits are 100% employee paid.

Signature: _____ Date: _____

WITHDRAWAL OR DECLINE

	Member's Name	Vision	STD	LTD	
Employee					I understand that by waiving or dropping vision, I must satisfy a 2 year waiting period. I understand that by waiving or dropping disability insurance I may incur penalties or denial to re-enroll at a later date. Date: _____ Signature: _____
Spouse					
Child					
Child					
Child					

****Documentation is required verifying dependent eligibility for vision coverage.**

Agency Receipt: _____ Initials: _____

VSP VISION COVERAGE

Exams

Covered In Full After Copay.....Every 12 Months

Prescription Glasses

Lenses Covered In Full After Copay.....Every 12 Months

- Single Vision, Lined Bifocal, & Lined Trifocal Lenses.
- Polycarbonate Lenses For Dependent Children.

Frames—Plan C.....Every 12 Months

Frames—Plan B.....Every 24 Months

- Frame, Allowance After Copay.....\$160
- Plus, 20% Off Any Out-Of-Pocket Costs.

OR

Contact Lens Care

CoveredEvery 12 Months

When you choose contacts instead of glasses, your \$160 allowance applies to the cost of your contacts and the contact lens exam (fitting and evaluation). This exam is in addition to your vision exam to ensure proper fit of contacts. If you choose contact lenses you will be eligible for a frame 12 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special contact lens program that includes a contact lens evaluation and initial supply of replacement lenses. Learn more from your doctor or Vsp.Com Or 1-800-877-7195.

COPAYS

Exam.....\$10.00

Prescription Glasses.....\$25.00

Contacts.....No Copay Apply

Plan B...Employee Only.....\$6.76/Month

Plan B...Employee Plus One.....\$13.50/Month

Plan B...Employee Plus Two Or More.....\$21.74/Month

Plan C...Employee Only.....\$8.40/Month

Plan C...Employee Plus One.....\$16.78/Month

Plan C...Employee + Two Or More.....\$27.02/Month

IMPORTANT: If vision coverage is waived or dropped, there is a two year waiting period before members can enroll in the coverage. Elections for vision coverage are for two years, and may not be changed without a qualifying event.

DEPENDENTS: Documentation is required for dependents covered on the vision confirming they are eligible.

Short Term Disability

Long Term Disability

Standard insurance company provides voluntary short term disability (STD) and long term disability (LTD) insurance to eligible state of Wyoming employees who elect coverage. The State of Wyoming provides you with the opportunity to purchase voluntary STD and/or LTD insurance, which is designed to pay a benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you meet your financial commitments in time of need. A disability is a reduction in pay by at least 20%.

The Short Term Disability benefit is 66 2/3 percent of your Gross weekly earnings less any deductible income, such as Workers compensation pay, retirement pension pay, etc.

- Benefits are based on weekly earnings
- Benefits are paid weekly
- Benefits payable after 14 calendar days from the date of disability; payable up to 180 days
- All accumulated sick leave must be used prior to benefit payout.

Short Term Disability Customer Service 1-800-368-2859

The Long Term Disability benefit is 60 percent of your gross Monthly earnings less any deductible income, such as Workers compensation pay, retirement pension pay, etc.

- Benefits are based on monthly earnings
- Benefits are paid monthly
- Benefits payable after 180 calendar days from the date of disability; payable up to age 65

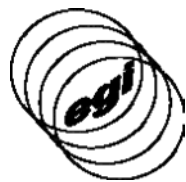
Long Term Disability Customer Service 1-800-368-1135

If you are enrolling in disability at a later date:

Short Term Disability (STD) be aware when coverage is selected outside of your original eligibility period, a 60 day penalty applies if you file a claim in the first 12 months of coverage. After you have been enrolled for 12 months, that penalty does not apply and the normal 14 day waiting period will apply to any claim filed.

Long Term Disability (LTD) To enroll outside your original eligibility period, you must enroll online, directly through The Standard. Our group number is 645750. You will need to complete a Medical History Statement and may not be approved for coverage:

<http://www.standard.com/mybenefits/wyoming/>



Employees' Group Insurance (State of WY)

2001 Capitol Ave. Rm. B3

Cheyenne, WY 82002

307-777-6835 or 800-891-9241 (in WY)