

Employer Group Insurance Census

Contact _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Description of Business Operations _____

Long Term Disability

Elimination Period ___ 60 Days ___ 90 Days ___ 180 Days

Benefit Period _____

Benefits Based on ___% of earnings or fixed benefit of \$_____

Short Term Disability

Benefit Period ___ 13 Weeks ___ 26 Weeks

Short Term Disability can be combined with Long Term Disability Income or issued as separate coverage.

