

2016 Benefits Enrollment/Change Application: Part-Time

DATE OF HIRE:

EFFECTIVE DATE:

EMPLOYEE INFORMATION

NAME

NDID/NET ID

CAMPUS ADDRESS Building Room #

CAMPUS PHONE (574) 631 -

MARITAL STATUS Single Married* Divorced Widowed

*Is your spouse currently employed at Notre Dame? Yes No

If yes, please provide your spouse's name: _____ spouse's DOB: _____

HOME ADDRESS Street Apt #

City State Zip code

Country (if outside U.S.)

MAILING ADDRESS Street Apt #

City State Zip code

HOME PHONE

TRAVEL ACCIDENT INSURANCE BENEFICIARY DESIGNATIONS

PRIMARY BENEFICIARY

RELATIONSHIP

PERCENTAGE

PRIMARY BENEFICIARY

RELATIONSHIP

PERCENTAGE

ADDRESS Street Apt #

City State Zip code

Country (if outside U.S.)

ADDRESS Street Apt #

City State Zip code

Country (if outside U.S.)

CERTIFICATION OF PREVIOUS LONG-TERM DISABILITY (LTD) COVERAGE

There is a one year waiting period for LTD Coverage, unless you had LTD for at least one year with a previous employer and coverage terminated within the three months prior to your benefit effective date. If you meet these conditions, please fill in the following information:

I hereby certify that I was previously employed by _____, and was insured under a group LTD insurance policy that provided income benefits for five years or more of disability and was insured under the prior policy within 3 months preceeding my UND benefit effective date.

<i>Insurance Company</i>	<i>Date Coverage Terminated</i>
<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT INFORMATION

IN EVENT OF EMERGENCY:

NAME

RELATIONSHIP

PHONE

HOME ADDRESS Street Apt #

City State Zip code

Country (if outside U.S.)

ND ALERT SYSTEM:

ND ALERT CELLPHONE

EXTERNAL PERSONAL EMAIL ADDRESS

NOTE: ND Alert provides additional means to contact students and employees regarding emergencies on campus. It is important that you provide your personal contact information so emergency alerts can be delivered quickly and accurately.

SIGNATURE

DATE