



Standard Insurance Company

Short Term Disability Enrollment and Change

To Be Completed By Human Resources

Group Number 164657	Division	Billing Category	Date of Employment
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To Be Completed By Applicant ☐ Apply for Coverage

Your Name (Last, First, Middle)	Your Social Security Number	Birth Date	☐ Male ☐ Female
Your Address		City	State ZIP
Former Name (Last, First, Middle) <i>Complete only if name change</i>		Phone Number	
Employer Name Lee County Board of County Commissioners		Job Title/Occupation	
Hours Worked Per Week	Earnings \$_____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year		

Coverage Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.

Voluntary Short Term Disability

Your age (as of last January)	Rate per \$10 of STD benefit
<30	\$0.667
30-39	\$0.340
40-49	\$0.369
50-59	\$0.469
60-64	\$0.667
65+	\$1.121

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average weekly earnings, not to exceed \$1000.00 on Line 1. Line 1: _____
2. Multiply your weekly earnings (Line 1) by .60 and enter on Line 2. Line 2: _____
3. Select your rate from the rate table and enter on Line 3. Line 3: _____
4. Multiply Line 2 by the amount Entered on Line 3. Line 4: _____
5. Divide the amount entered on Line 4 by 10 and enter on Line 5. Line 5: _____

The amount shown on Line 5 is your estimated monthly payroll deduction.

Signature I wish to enroll in Short Term Disability. I authorize deductions from my wages to cover my contribution toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.

Member/Employee Signature Required _____ Date (Mo/Day/Yr) _____

**Return completed form to your Human Resources
Department or send to our secure email -
benefits@leegov.com**

***Evidence of Insurability (Health Questions)** may be completed online at: <https://myeoi.standard.com/164657>

You will receive a decision directly from the carrier. Do NOT send health information to HR.