

Short Term Disability Enrollment Roster

Employer Name:

INSTRUCTIONS: List employees in alphabetical order.

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Employee SS# (XXX-XX-XXXX)	Last Name, First Name MI	Date Of Birth (MM/DD/YY)	Sex (M/F)	Street Address	City	State	ZIP	Salary	Date Of Hire (MM/DD/YY)	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	
									1 1	

Employee SS# (XXX-XX-XXXX)	Last Name, First Name MI	Date Of Birth (MM/DD/YY)	Sex (M/F)	Street Address	City	State	ZIP	Yearly Salary	Date Of Hire (MM/DD/YY)
									1 1
									1 1
									1 1
		1 1							1 1
		1 1							1 1
		1 1							1 1
		1 1							1 1
		1 1							1 1
		1 1							1 1
		1 1							
									1 1

EMPLOYER VERIFICATION:

I (We) certify and verify that all employees applying for coverage listed above are actively at work and are working at least 30 hours per week, and that all employees and dependents (if electing dependent coverage) meet all eligibility and participation requirements listed in the brochure and certificate booklet.

FURTHER:

I (We) verify that this plan has been offered to all eligible employees. Completed waiver cards are attached for all employees and dependents electing not to participate in the plan. I (We) represent that all information on this application is correct to the best of my (our) knowledge. I (We) understand that our firm is not eligible for coverage until written confirmation is received from the insurance company. I (We) further agree to be bound by the arbitration clause in the BEST Life Certificate of Insurance instead of a trial by a court or jury. I agree that insurance does not begin until this application is approved by BEST Life and Health Insurance Co., my insurance certificate is issued, and the first premium is paid.

X

Employer Signature

Title

Date

SEND COMPLETED FORMS TO: BEST Life and Health Insurance Company · P.O. BOX 19721 · Irvine, CA 926239721