

# SHORT TERM DISABILITY INCOME INSURANCE ENROLLMENT FORM

ReliaStar Life Insurance Company, Minneapolis, MN  
Telephone: 800-955-7736  
A member of the Voya® family of companies

PLAN INFORMATION section to be completed by the Employer. Remainder to be completed by the Employee. **All** new Disability Income coverage or **any** increases in Disability Income coverage will require evidence of insurability if plan participation requirements are not met. Any references to coverage being obtained without evidence of insurability in the sections below are only applicable if the plan participation requirements are met.

## PLAN INFORMATION

Employer Name City of Akron Effective Date of Coverage or Change \_\_\_\_\_

Group/Plan Number 747360 Account Number/Location \_\_\_\_\_

Class/Occupation \_\_\_\_\_

Date of Hire \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Employment Status:  Active Full-Time  Active Part-Time

**This change is due to** (Check all that apply.):

Initial Eligibility Following Hire  Change in Coverage Amount  Annual Enrollment

## EMPLOYEE INFORMATION

Employee Name (First, Middle Initial, Last) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_ Gender:  Male  Female  Other

Employee ID Number \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## SHORT TERM DISABILITY INCOME INSURANCE


### Weekly Income Benefits (Short Term Disability)

Elect Voluntary Short Term Disability Coverage: \$ \_\_\_\_\_ \$100 to \$1,500 in \$50 increments not to exceed 60% percent of your weekly earnings.

Waive coverage

## READ THIS INFORMATION CAREFULLY AND THEN SIGN AND DATE BELOW

- I authorize my employer to deduct from my wages the premium, if any, for the elected coverage.
- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am actively at work.
- I also understand that evidence of insurability may be required for coverage to become effective.

 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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## FRAUD WARNINGS

**Arkansas, Louisiana, Maine, Ohio, Oklahoma, Rhode Island, Tennessee, Washington, West Virginia:** Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.