

# Long Term Disability Tax Election Form

**Eligibility:** Each active Full-Time Hourly Employee working 30 hours or more per week (excluding any person working on a temporary or seasonal basis).

<b>Plan Details:</b>	<b>LTD</b>
<b>Benefit Percentage:</b>	<b>60%</b>
<b>Monthly Maximum:</b>	<b>\$6,000</b>
<b>Elimination Period:</b>	<b>180 Days</b>
<b>Pre-Existing Limitation:</b>	<b>3/12</b>

Long Term Disability Insurance helps protect you against the losses due to an accident or an illness. The benefit is 60% of your monthly income, at time of disablement, to a maximum of \$6,000 per month. You have the option to include the monthly cost of this insurance into your year-end gross earnings as imputed income – in so doing this would result in a tax free Long Term Disability benefit (should you ever file and be approved for the LTD benefit).

If you do not elect this option, in the event that you become disabled, your Long Term Disability benefit would be treated as taxable income.

This election is irrevocable during the plan year. If a request to change this election is made, it will not become in effect until the 1<sup>st</sup> of the month of the next anniversary of the plan following the signature date of this form.

- I elect to have the annual cost of my LTD insurance imputed as income in my gross earnings (Tax Free LTD Benefit)
- I do not elect to have the annual cost of my LTD insurance imputed as income in my gross earnings (Taxable LTD Benefit)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Effective

(Return this completed document to your Human Resources Department)