

Duke University
Hartford Voluntary LTD Policy 043211
Notice of Continuation of Coverage



As a terminated employee or an active employee who is no longer full-time you may be eligible to convert to an individual policy.

Voluntary Long Term Disability (LTD) Conversion

You may be eligible to convert coverage you had in effect under your employer's voluntary group Long Term Disability plan provided that coverage was in place for at least a year. You cannot be disabled at the time of your application for LTD conversion, and you cannot convert LTD coverage if you are retiring, regardless of your age. LTD conversion policy rates are higher than your group plan rates, and increase every 5 years (years in which your age on your birthday ends in 5 or 0). The benefit amount payable under the LTD conversion policy is 60% of your monthly earnings at the time your group coverage ended or the amount provided under the group plan, whichever is less, up to a monthly maximum of \$5K. The benefit amount is subject to the same offsets that were in place under your employer's group plan. A 6-month elimination period applies. LTD conversion is not available if the group policy is terminating.

Attached is a form that contains additional information about continuing coverage. You can use this to request a quote and the necessary forms to enroll. You can also call a Hartford representative at **1-877-320-0484** to request a quote. To continue your coverage, **you must mail or fax this form to request the information within 31 days from the date of your group coverage termination. In no event, however, will this enrollment period exceed 91 days from the date group coverage terminates.** Group coverage terminates on the date you cease work or are no longer an active full time employee in an eligible category. **Failure to comply with the timeliness requirement will result in denial of your request to continue coverage.**

If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a Hartford representative at **1-877-320-0484**.

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Employee: Please complete this section and forward to Sonya Stewart.

Yes, I am interested in receiving an LTD Voluntary conversion quote. Please send the information to my address as indicated.

Please print the following:

Name: _____ Date of Birth: _____

Social Security #: _____ **(indicate last four numbers only)** Duke Unique ID: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Work Telephone Number: _____

I understand that I have only 31 days from the date of my group coverage termination to complete and submit this form to Duke Benefits, 705 Broad Street, Durham, NC 27708 Fax 919-681-8774. In no event, however, will this enrollment form period exceed 91 days from the date group coverage terminates.

Employee Signature (required)

Date

EMPLOYER: Please have the section completed by Sonya Stewart in the Duke Benefits Office

Employee Name: _____ Employee ID # _____

Last Day Worked (or date employee is no longer in an eligible class): _____

Date of Group Coverage Termination: _____

Name: Sonya Stewart

Phone: 919-681-4436

Signature

Date