

**(NEW HIRES ONLY)**

**Johns Hopkins University  
Group Long-Term Disability Insurance  
Certification of Previous Coverage**

Full-time faculty, staff, or bargaining unit members are automatically covered by long-term disability insurance on the first day of the month following one year of JHU service, provided you are at work on the day you become eligible.

**General Information**

Employee's Name (Please Print): \_\_\_\_\_  
Last Name
First Name
M.I.

Employee's Social Security Number: \_\_\_\_\_

Employee's Date of Hire: \_\_\_\_\_

**NOTE: The one-year waiting period is waived if you come to JHU within three months of leaving employment at an organization where you have been covered under a similar group plan for at least one year.**

**Employee Certification**

I hereby certify that I was previously employed by the institution named below and was covered under their staff benefit plan for Group Long-Term Disability Insurance (providing income benefits for a minimum of five years of disability due to sickness).

Name of Previous Employer: \_\_\_\_\_

Insurance Company Providing Coverage: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_

Date Coverage Terminated: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM TO:**

Johns Hopkins University  
Benefits Service Center  
Johns Hopkins at Eastern  
1101 East 33<sup>rd</sup> Street, Suite D100  
Baltimore, Maryland 21218