



(NEW HIRES ONLY)

**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 continuous service with JHU, provided you are at work the day you become eligible.

NOTE: The one-year waiting period is waived if you come to JHU within three (3) months of leaving employment at an organization where you have been covered under a similar group plan for at least one year.

(PLEASE PRINT OR TYPE)

➤ **JHU Employee Information**

Employee's Name (last, first, middle initial) _____ Employee's Social Security Number _____

➤ **JHU Employee Certification – REQUIRED – MUST BE COMPLETED**

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

Name of Previous Employer _____

Effective Date of LTD Coverage _____ Date LTD Coverage Terminated _____

Employee's Signature _____ Date _____

➤ **Return completed form by mail, email, or fax to:**

**Johns Hopkins University
Benefits Service Center
1101 East 33rd Street, Suite D-200
Baltimore, MD 21218
Phone: 410-516-2000
Fax: 443-997-5820
Email: benefits@jhu.edu**