



# SUPERIOR COURT OF CALIFORNIA, COUNTY OF KERN

## VOLUNTARY LONG TERM DISABILITY INSURANCE ENROLLMENT FORM

Use this form to apply for, or to make changes to, the Voluntary Long Term Disability Insurance (LTD)  
Late applicants are subject to Evidence of Insurability.

### A. EMPLOYEE INFORMATION

ENROLL  CANCEL  ADDRESS CHANGE  NAME CHANGE  OTHER **EFFECTIVE DATE:**

Last Name	First Name	M.I.	Social Security Number	Gender	Date of Birth	Date of Hire
Street Address	Apt No.	City	State	Zip Code		
Home Phone	Work Phone	Division	<input type="checkbox"/> METRO <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST			
Employer or Group Name	Superior Court of California, County of Kern			Job Title		

### B. MARITAL STATUS

<input type="checkbox"/> Married <input type="checkbox"/> Single	Spouse's Name	Date of Birth
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### C. SIGNATURE (This form must be signed)

I understand that by signing this form that I am authorizing the necessary premium deductions from my salary or wages for the coverage(s)  
I have selected.

X \_\_\_\_\_  
Signature of Employee Date

### D. EMPLOYER USE ONLY

<input type="checkbox"/> Initial Enrollment following policy start <input type="checkbox"/> Initial enrollment following Date of Hire <input type="checkbox"/> Late Applicant	Employee Effective Date (mm/dd/yyyy)	Signed for Employer by	Group Number
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