

LIFE INSURANCE COMPANY OF NORTH AMERICA

POLICYHOLDER

Central Peninsula Hospital

POLICY NUMBER

LK 963280

Long-Term Disability (LTD) Enrollment Form

Name Last First M.I. Sex: Male Female

Date of Birth Social Security No.

Address Number and Street City State Zip Code Home Phone

Date Hired Title or Occupation Annual Salary



Please check the appropriate box.

- I accept the LTD insurance provided by the Company's Group Insurance Plan...
I have been offered LTD insurance and decline to purchase it at this time...

Late entrants must complete an Evidence of Insurability Form. Coverage for late entrants is subject to the Insurance Company's approval.

If you are not in active service on the date your coverage would otherwise take effect, you will be covered on the date you return to active service.

Pre-Existing Condition Limitation: A pre-existing condition is any injury or illness for which you have consulted a physician...

Signature of Applicant Date

