

THE  
UNIVERSITY  
OF RHODE ISLAND

DIVISION OF  
ADMINISTRATION  
AND FINANCE

OFFICE OF HUMAN RESOURCE ADMINISTRATION  
80 Lower College Road, Kingston, RI 02881 USA

THINK BIG  WE DO™



To Whom It May Concern:

\_\_\_\_\_  
Name of employee

is now employed by the University of Rhode Island effective \_\_\_\_\_.  
URI's Long-Term Disability plan provides immediate coverage if a new employee was covered by a former employer within the last 90 days and the previous plan had essentially the same extent of coverage, and proof is provided. Please complete the information below so that we may determine if the one year waiting period for participation can be waived.

*This information must be received within 30 days of the employee's date of hire at the University of Rhode Island.*

Please provide the information below so we may determine the eligibility status for:

Employee Name: \_\_\_\_\_ Prior Employer: \_\_\_\_\_

Employee's Termination Date or Loss of LTD coverage: \_\_\_\_\_

Long-Term Disability Carrier: \_\_\_\_\_

Employee was not covered by a Long Term Disability plan .

Employee was covered by a Long Term Disability plan and plan provision is listed below. .

**Provision for LTD Income Benefits:**

\_\_\_\_\_  
Example: RIBOGHE plan provides income benefits for five (5) or more years

Signature of Prior Employer: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Thank you for your time in completing this information. Please return to me or contact me if you have questions.

Sincerely,  
*Mary Previte*

Mary Previte  
Coordinator, Absence Management