

THE UNIVERSITY OF RHODE ISLAND

DIVISION OF
ADMINISTRATION

OFFICE OF HUMAN RESOURCE ADMINISTRATION

80 Lower College Road, Kingston, RI 02881 USA p: 401.874.2921 f: 401.874.5530 uri.edu/hr/benefits

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,

Patricia Victoria

Patricia Victoria
Coordinator, Employee Benefits

4/2011