



STD/LTD ENROLLMENT FORM

The Guardian Life Insurance Company of America

Planholder Name (Company Name)		Guardian Group Plan No.: G-501971	
HEALTH & WELFARE TRUST FUND OF INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 877 & 70			
Planholder Street Address 89 ACCESS ROAD, UNIT 4	City NORWOOD	State MA	Zip 02062

EMPLOYEE			
Please provide this information about YOURSELF			
First Name, Middle Initial, Last Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (mm/dd/yyyy)	Social Security No.
Address	City	State	Zip
The best way to reach you: ____ Day Phone ____ Evening Phone ____ Email	Day Phone #	Evening Phone #	
	Email Address		
Employer	Job Title	Annual Salary/Earnings \$	

SHORT TERM DISABILITY INSURANCE	
STD Plan	<input type="checkbox"/> Weekly Benefit as per collective bargaining agreement
	<input type="checkbox"/> I Waive This Coverage

LONG TERM DISABILITY INSURANCE	
LTD Plan	<input type="checkbox"/> Weekly Benefit as per collective bargaining agreement
	<input type="checkbox"/> I Waive This Coverage

SIGNATURE	
<p>. I hereby apply for the group benefit(s) that I have chosen above.</p> <p>. I understand that I must meet eligibility requirements for all coverage's that I have chosen above.</p> <p>. I understand that I must be actively at work or my life and/or disability coverage will not take effect until I have completed a waiting period (as defined in the Group Plan) of full time service. This requirement does not apply to eligible retirees.</p> <p>. I agree that my employer may deduct premiums from my pay; if they are required for the coverage I have chosen above.</p> <p>. I attest that the information provided above is true and correct to the best of my knowledge.</p> <p>. Any person who with intent to defraud or knowing that he/she is facilitating a fraud against and insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.</p>	
SIGNATURE OF EMPLOYEE	DATE

FOR FUND USE ONLY		
Class	Division	Benefit Effective