

**Enrollment or Termination Form
Employer-Paid Short-Term and Long-Term Disability
Coverage**

Section 1—Employee Information

| | | |
|-----------------|---|------------------|
| Legal Name | First | MI |
| | Last | |
| Mailing Address | Street | |
| | City | |
| | State | Zip Code |
| | Country | |
| | Home Phone | |
| | Mobile Phone | |
| | Personal Email | |
| | Social Security # / TIN | |
| | Date of Birth | |
| | Gender | Male Female |
| | Is employee actively at work? | Yes No |
| | Does employee work in the US? | Yes No |
| | Work Location | |
| | Work Phone | |
| | Scheduled number of work hours per week | |

Section 2—Employer Information

| | | |
|-------------------------|---------------|----------|
| Employer Name | _____ | |
| | Client Number | |
| Mailing/Billing Address | Street | |
| | City | |
| | State | Zip Code |
| | Country | |
| | Phone | |
| | Diocese | |
| | List Bill | |
| | _____ | |



Section 3—Enrollment, Coverage Change or Termination

Transaction Type New Hire Newly Eligible Annual Enrollment
 Late Enrollee Employee Termination
 of Coverage* (proceed
 to Section 4B)

Effective Date of Change _____

Short-Term Disability Coverage

- Policy Selected**
- STD 26 Weeks 60%
- STD 26 Weeks 66.67%
- STD 13 Weeks 60%
- STD 13 Weeks 66.67%

Long-Term Disability Coverage

- Policy Selected**
- LTD 180 Days 40%
- LTD 180 Days 60%
- LTD 180 Days 66.67%
- LTD 90 Days 40%
- LTD 90 Days 60%
- LTD 90 Days 66.67%

Enrollment deadline:

Enrollments in a Short-Term and/or Long-Term Disability plan must be made within 31 days of the employee’s hire date. The plans do not allow for waiting periods.

* Terminated employees who have been enrolled in any of the Employer-Paid (Voluntary) Long-Term Disability Plans for 12 or more consecutive months can convert their LTD coverage if they apply directly through Zurich American Life Insurance Company of New York within 31 days of their termination date. Forms are available at cpg.org.

** Coverage subject to elimination period and maximum amount.

Section 4A —Acknowledgment, Signatures, and Notices

Employer Signature

By signing below, the employer certifies the employee is eligible for all coverages applied for, and, to the best of the employer’s knowledge, all information provided above is correct.

Employer Signature _____ Date _____

Section 4B—Acknowledgment, Signatures, and Notices for Termination

Employer Signature

By signing below, the employer certifies the employee is no longer eligible for Disability Coverage, and, to the best of the employer’s knowledge, all information provided above is correct.

Employer Signature _____ Date _____

Please note that this material is provided for informational purposes only and should not be viewed as investment, tax, or other advice. It does not constitute a contract or an offer for any products or services. In the event of a conflict between this material and the official plan documents or insurance policies, the official plan documents or insurance policies will govern.

In New York, the terms and conditions for the Group Short Term Disability Income Insurance Policy are set forth in policy form number 1000-ZAGP-DS-NY-01. The policies are issued by Zurich American Life Insurance Company of New York, a New York domestic life insurance company, located at its registered home address of Four World Trade Center, 150 Greenwich Street, New York, NY 10007.

In all states other than New York, the terms and conditions for the Group Short Term Insurance are set forth in policy form number 1000-ZAGP-01-01 or applicable state variation. The policies are issued by Zurich American Life Insurance Company, an Illinois domestic life insurance company, located at its registered home address of 1299 Zurich Way, Schaumburg, IL 60196.

In New York, the terms and conditions for the Group Long Term Disability Income Insurance Policy are set forth in policy form number 1000-ZAGP-DS-NY-01. The policies are issued by Zurich American Life Insurance Company of New York, a New York domestic life insurance company, located at its registered home address of 150 Greenwich Street, Four World Trade Center, 54th Floor, New York, NY 10007-2366.

In all states other than New York, the terms and conditions for the Group Long Term Disability Insurance Policy are set forth in policy form number 1000-ZAGP-01-01 or applicable state variation. The policies are issued by Zurich American Life Insurance Company, an Illinois domestic life insurance company, located at its registered home address of 1299 Zurich Way, Schaumburg, IL 60196.

The policies are subject to the laws of the state where they are issued. This material is a summary of the product features only. Please read the policy carefully for details. Certain coverages may not be available in all states and policy provisions may vary by state.

On March 19, 2020, Aflac, Inc. announced the agreement to acquire Zurich North America's U.S. group benefits business (ZEB), which consists of group life, group disability, and absence management products. Aflac Columbus and Aflac NY (Aflac) will reinsure, on an indemnity basis, Zurich's U.S. in-force group life and disability policies. As of November 2, 2020, and subject to customary closing conditions, Aflac will assume the administration of the aforementioned re-insured Zurich Employee Benefits policies and services. Aflac herein means American Family Life Assurance Company of Columbus WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

