NC STATE UNIVERSITY
DIVISION OF HUMAN RESOURCES

Liberty Mutual Long-Term Disability Enrollment/Change

For TSERS Participants Only

EMPLOYEE INFORMATION

☐ New Hire ☐ Annual Enrollment ☐ Change ☐ Cancel Coverage Hire Date _____

Employee ID _____ Hours worked per week _____ Date of Birth _____

First Name _____ Middle _____ Last Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ Zip Code _____

Campus Address _____ City _____ State _____ Zip Code _____

Participation in the State Retirement System or the Optional Retirement Plan Years: _____ Months: _____

Check the appropriate box below if you wish to enroll:

☐ I have less than 5 years of participation in the State Retirement System or ORP and I wish to participate in Liberty's Long Term Disability program. I understand that my election authorizes payroll deductions from my salary for the cost.

☐ I have 5 or more years of participation in the State Retirement System or ORP and I wish to participate in Liberty's Long Term Disability program. I understand that my election authorizes payroll deductions from my salary for the cost.

I request coverage under my employer's plan of benefits as indicated above. If applicable, I authorize my employer to deduct from my earnings, my contributions for the coverage(s) selected.

If this form is not returned during your eligibility period, coverage will be declined; any future application during annual enrollment will require submission of Evidence of Insurability satisfactory to Liberty.

I authorize Liberty to make all changes indicated above. I declare all information provided is true and accurate.

Employee Signature _____ Date _____

Submit completed form to HR Benefits:

Mailing Address:
Campus Box 7215
Raleigh, NC 27695

Fax Number: (919) 513-2528

Physical Address:
Administrative Services - Bldg II
2711 Sullivan Dr., Suite 200

Email Form Print Form

Revised: 11/11/2013

Questions about this form? Contact Benefits at (919) 515-2151