



Long Term Disability (LTD) Gross Up Waiver Form

EMPLOYEE INFORMATION

EMPLOYEE NAME (FIRST, LAST)	EMPLOYEE ID NUMBER
DEPARTMENT	
SOCIAL SECURITY NUMBER	PHONE ()

Waive LTD Gross Up Option

By checking the box above, I am waiving the Gross Up option for the LTD plan. I understand in the event I qualify and receive LTD payments, I will be responsible for paying the taxes on the benefits I receive for the duration of the claim.

I also understand that once my election is made, I will not be able to change it during the plan year. I will have an option to change it during open enrollment each year.

Employee Signature

Date