



University Benefits Office
Pace University
100 Summit Lake Drive
Valhalla, New York 10595
PHONE: (914) 923-2828
FAX: (914) 989-8506

Long-Term Disability Plan - Waiting Period Waiver

Return to University Benefits office upon completion of Sections A and B.

Section A: To be completed by Pace University employee.

Employee Name: _____

UID# _____

Work Phone #: _____

Previous Employer: _____

I hereby authorize my previous employer to release the requested information to Pace University. I understand that in order to be eligible for the waiver, I must have participated in a group LTD plan through my previous employer within three months of my full-time date of hire with Pace University.

Employee Signature: _____

Date Signed: _____

Section B: To be completed by Human Resources representative of previous employer.

HR Rep Name (print): _____

Company/Institution: _____

Phone Number: _____

Did employee participate in your company's/institution's group Long-Term Disability plan? Yes No

Does your group LTD plan provide participants with at least five years of disability benefits? Yes No

Date employee's LTD benefits terminated: _____

I hereby certify that the information provided is true and correct.

HR Rep Signature: _____

Date: _____

Please return this form to the employee listed in Section A above.