



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.**

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**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: \_\_\_\_\_

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**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.**