

HUMAN RESOURCE SERVICES

440 East 100 South Salt Lake City, Utah 84111 801.578.8340

ENROLLMENT FORM DISTRICT PAID LONG TERM DISABILITY WITH 15 YEARS OF SERVICE

Name:
ID#:
I believe that I have achieved the requisite 15 years of Salt Lake Cit School District service to qualify me to have the premiums for Long Terr Disability paid by the District in my behalf.
Please evaluate my service and, if appropriate, pay my LTD premiums.
Please check if you are currently enrolled in the LTD program on a self-pay basis.
APPROVED
NOT APPROVED

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