

**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 City School District service to qualify me to have the premiums for Long Term 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** \_\_\_\_\_

