

# University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

## 2023 Waive Coverage Form Long Term Disability

Employee Last Name	Employee First Name	MI	Employee ID	
Street	City	State	Zip Code	
Email Address			Campus Phone	

The University of Missouri offers two options for Long Term Disability (LTD) coverage to all benefit-eligible employees.

- Core Plan (Option A) – covers 60% of annual base salary (up to \$150,000) with maximum income of 60%. Employees are automatically enrolled in this plan as a new hire or newly benefit-eligible employee, and it's 100% paid by the University.
- Buy-up Plan (Option B) – covers 66.67% of annual base salary (up to \$150,000) with maximum income of 85%. Employees can enroll in this plan as a new hire or newly benefit eligible employee, but at any other time, Evidence of Insurability is required to enroll. This plan requires you to pay a small premium (per \$100 of monthly income).

If you wish to decline LTD coverage, including the free coverage, please remember that should you decide to enroll in LTD coverage in the future, you will need to go through medical underwriting to be approved for either the Core Plan (free LTD A) or the Buy-up Plan (LTD B).

### By signing this form:

I understand that I am eligible for free Long Term Disability coverage (Core Plan – Option A), but I wish to waive my enrollment in LTD, including this free plan. I further understand that if I decide to enroll in Long Term Disability in the future, I must go through medical underwriting to be approved for either the Core Plan (free LTD A) or the Buy-up Plan (LTD B). I will not have the opportunity to re-enroll without going through underwriting during annual enrollment or at any other time.

I acknowledge and agree that this document may be signed by electronic signature, which shall be considered an original signature for all purposes and shall have the same force and effect as an original signature. "Electronic signature" shall include faxed versions of an original signature, electronically scanned and transmitted versions of an original signature, and typed signature in a fillable form or typed signature via Adobe Pro.

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Signature of Employee

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Date

*Please return this completed form to the HR Service Center or your HR Generalist.*

**HR Service Center**  
Phone: (573) 882-2146  
Fax: (573) 882-9603  
[hrrservicecenter@umsystem.edu](mailto:hrrservicecenter@umsystem.edu)

**Columbia (includes Hospital and System)**  
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Fax: (816) 235-5515  
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**Rolla**  
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