



# BRADLEY University

## GROUP LONG-TERM DISABILITY INSURANCE WAIVER CARD

Name of Employee (Please Print):

\_\_\_\_\_  
(Last) (First) (Middle) Date of Employment

I have been given an opportunity to apply for the group **long-term disability** insurance coverage provided under the group policy designated above. After serious consideration, I have decided not to take advantage of this coverage which is being underwritten by the Teachers Insurance and Annuity Association.

I understand that evidence of insurability at my own expense will be required if I desire to apply for such coverage at some later date.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Social Security Number

Please return to the Human Resource Department, 239 Sisson Hall.