



MetLife Long-Term Disability (LTD) Buy Up Option Enrollment Form

Personal Information:

Name: _____

Social Security Number: _____

Hire Date: _____

Coverage Effective Date: _____

Once you have completed six months of full-time service, Henrico County provides LTD insurance for your salary up to \$50,000 at no cost to you. This benefit replaces 60% of your covered salary if you should be disabled for over 90 days due to a non-work-related accident or illness.

You may elect to cover your salary above \$50,000 without answering any health questions:

Long-Term Disability – Additional Coverage:

Additional Coverage to protect my annual income over \$50,000.

Return form within 31 days from the later of:

- 1) the date you completed 6 months of service, or**
- 2) the date your annual earnings exceed \$50,000.**

Your payroll deduction rate for this additional insurance is \$0.468 per \$100 of covered salary. Your deduction is based only on your annual salary above \$50,000. After your 31-day window, you may apply for LTD Buy Up Insurance by submitting a Statement of Health Form (Evidence of Insurability) to MetLife for approval.

For MetLife Long-Term Income Protection details, please see employees.henrico.gov/benefits/health-benefits/ltip/. For enrollment questions, please call 804-501-4302 or email law047@henrico.gov.

I authorize my employer to deduct premiums for the selected coverage from my paycheck on a post-tax basis.

Signature _____

Date _____