

**UNIVERSITY OF WISCONSIN SYSTEM
Individual & Family Group Life Insurance
32871 - G**

**Request to Initiate
Disability Premium Waiver Claim
(Form to be completed by UW Institution)**

Instructions:

File this form as soon as you know employee will be on a permanent or long term disability. There is a six month waiting period before premium waiver can take effect. The day after the employee's last day at work is considered to be the first day of the waiting period.

Continue to collect personal payments of premiums via the UW Service Center Prepayment System until Minnesota Life approves or denies the claim.

Name (Last, First, Middle Initial)		Social Security Number	
Address Street and No		Telephone Number	
City, State, ZIP Code		Date of birth: (MM/DD/CCYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Employer Name University of Wisconsin -			
Last Day Worked (MM/DD/CCYY)	Last Day for Which Paid (MM/DD/CCYY)	Last Month for Which Premium Has Been Collected Payroll Deduction Month/Year Coverage Month/Year:	
Has employee terminated employment? <input type="checkbox"/> Yes (Date of termination:) <input type="checkbox"/> No If yes, is the termination due to an apparent disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the employee on a leave of absence (LOA)? <input type="checkbox"/> Yes (Date LOA commenced:) <input type="checkbox"/> No If yes, is the employee expected to return from LOA? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Coverage Amount: Employee: Spouse/Domestic Partner: Children:	
Date (MM/DD/CCYY)	Signature of Employer Representative		Employer Telephone Number (Area Code)

Make a copy for your records.

Submit to:
Carol Tiedt at ctiedt@uwsa.edu
or, UW System Administration
780 Regent Street, Room 305
Madison, WI 53715, (608) 263-7559.