



MetLife Short Term Income Protection Enrollment Form

Personal Information:

Name: _____

Social Security #: _____

Hire Date: _____ **Effective Date:** _____

Short Term Income Protection (STIP) through *MetLife* is an optional benefit available to full-time and part-time employees who work a minimum of 20 hours per week.

Full-time employees who are VRS Plan 1 or Plan 2 members and part-time employees may select or change options at Open Enrollment each year. Pre-existing conditions may apply. STIP premiums are paid by the Employee on an after-tax basis. (See reverse side for information on the Long Term Income Protection (LTIP) program for these full-time employees.)

Full-time employees who are VRS Hybrid members may enroll with *MetLife* STIP for a period of 12 months starting with date of hire. Any *MetLife* STIP coverage you may select today as a new hire will end after 12 months. No STIP changes are allowed at Open Enrollment. Short Term Disability (STD) and Long Term Disability (LTD) coverage with *The Standard* will automatically become effective after meeting the 12 months eligibility period after your date of hire for non-work related disabilities. *The Standard* STD and LTD premiums are Employer-paid by HCPS at no cost to the Employee.

Please check ONE box below and sign at the bottom. Return this form to the Human Resources Department.

- Option 1: 14 Day Waiting Period for Benefits**
- Option 2: 28 Day Waiting Period for Benefits**
- Option 3: 42 Day Waiting Period for Benefits**
- Option 4: I waive the options above.**

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

Signature _____

Date _____

Long Term Income Protection (LTIP) Program VRS Plan 1 or Plan 2 Members

LTIP coverage becomes effective once you have been employed full-time for 6 months. You are covered at 60% for up to \$50,000 in annual salary, beginning with the 91st day of disability.

To enroll for Additional LTIP Coverage to protect salary above \$50,000: Visit the HCPS website and download the LTIP Enrollment form at: <http://henricoschools.us/benefits>

Important Eligibility Information:

- **If** your LTIP Enrollment Form is received **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,then you will be enrolled for additional coverage **without** Evidence of Insurability.

Return your completed LTIP Enrollment Form to:

Henrico County Public Schools
Health Benefits Office
P. O. Box 23120
Henrico, VA 23223

Or

- **If** your LTIP Enrollment Form is received **more than 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,then you must submit a Statement of Health form, also found at the HCPS website (<http://henricoschools.us/benefits/>), to MetLife for approval. If your enrollment for additional coverage is approved, your corresponding payroll deductions will be initiated.

Return your completed Income Protection Enrollment Form and the Evidence of Insurability Form to:

HCPS Benefits Office
P. O. Box 23120
Henrico, VA 23223

Please call the Health Benefits Office at 652-3624 if you have questions.