

**LONG-TERM DISABILITY PRIOR COVERAGE
VERIFICATION FORM**

To have the one year Long-Term Disability (LTD) waiting period waived, prior coverage must be within 12 months preceding your employment with the university. Please complete the top section, and forward to your former employer for completion. Once the completed form has been returned to you; please forward to GW Benefits Administration for processing.

GW Employee Please Note:

This form needs to be returned to the Benefits Administration Department within 30 calendar days of your date of hire for the 1 year waiting period to be waived for LTD.

GW employee information section to be filled out by GW employee:

Employee Name: _____ Date: _____

Employee Address: _____

Employee Address: _____

GWID #: _____

Hire Date: _____

Authorization for LTD Information Released to GW Signature:

Prior LTD coverage verification to be filled out by previous employer:

Employer Name: _____

Date LTD Coverage Ended: _____

Employee Termination Date: _____

Signature & Date: _____

***Please attach a copy of the LTD plan summary. Failure to provide a copy of your prior LTD plan summary may affect the processing of LTD claims submitted in the future.**