

**Association of Washington Cities
Employee Benefit Trust**

Long-Term Disability Participation Agreement

The Association of Washington Cities Employee Benefit Trust contracts with Standard Insurance Company of Oregon for its long-term disability coverage. When enrolling a new group of employees, or when an existing group changes its level of coverage, Standard requires the following information be provided by the employer and kept on file as a Participation Agreement between said employer and the AWC Employee Benefit Trust/Standard Insurance Company.

Employer: _____

Contact Person: _____

Address: _____

Phone Number: (_____) _____

Effective Date of Coverage: _____

Level of Benefits:

Elimination Period:

90-day

180-day

% Benefit Level:

60%

67%

Describe which employee groups will be covered by the LTD plan by classification; work unit; bargaining group (i.e., exempt employees; public works and police; AFSCME):

(Note: If LTD coverage has been negotiated into a collective bargaining agreement, please forward the page from the labor contract indicating the coverage.)

Are new employees enrolled in the LTD program on the first of the month following date of employment?

- Yes
- No

If no, when are employees enrolled in the LTD plan? _____

Do the employees make any contributions toward their LTD premium?

- Yes
- No

If yes, describe the amount the city contributes, as well as the amount the employee contributes.

Name of person completing this form: _____

Please return this completed form with the LTD enrollment cards to:

AWC Employee Benefit Trust
1076 Franklin Street SE
Olympia, WA 98501-1346