



Verification of Prior Group Long-term Disability Insurance Coverage

Hamilton College provides long-term disability insurance coverage to certain eligible employees following completion of a one-year waiting period. The waiting period will be waived for a new employee who, within three months of attaining eligible employment with the College, was insured through his/her previous employer's group long-term disability plan which provided income benefits for a minimum of five years of total disability. If you believe you may qualify for a waiver of the waiting period because you were insured under your previous employer's group long-term disability plan, please have your previous employer complete this form and return it to Human Resources.

Please return this form to Hamilton College's Human Resources Office within 30 calendar days of your date of hire.

Full Name (first, middle, last)

was covered through this employer's group long-term disability plan: ☐ Yes ☐ No

If yes, from _____ **through** _____
(coverage effective date) (coverage termination date)

Name of Employer

Name of Individual Completing Form Job Title

Signature of Individual Completing Form Date

Phone Number of Individual Completing Form

Please return this completed form to Human Resources, Hamilton College
198 College Hill Road, Clinton, NY 13323
Telephone: (315) 859-4689
Fax (315) 859-4047

Office Use: Eligible enrollment entered on 1st of month that falls on or next follows hire date.

Date of enrollment: _____ Date copy sent to employee: _____