Long Term Disability (LTD) Gross Up Waiver Form

EMPLOYEE INFORMATION

EMPLOYEE NAME (FIRST, LAST)	EMPLOYEE ID NUMBER
DEPARTMENT	
EMAIL	PHONE ( )

❑ Waive LTD Gross Up Option

By checking the box above, I am waiving the Gross Up option for the LTD plan. I understand in the event I qualify and receive LTD payments, I will be responsible for paying the taxes on the benefits I receive for the duration of the claim.

I also understand that once my election is made, I will not be able to change it during the plan year. I will have an option to change it during open enrollment each year.

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Employee Signature Date