

Employee Plans Services

EACC DEDUCTION AUTHORIZATION FOR VOLUNTARY INSURANCE PLANS

*****Please Print Legibly*****

Mr.
 Mrs.
 Ms.

_____ / ____ / ____
First Name Middle Name Last Name Date of Birth

Home Address City State Zip Code

Email Address Cell/Home Phone School ID #

_____ / ____ / ____
Initial Deduction Amt. Changed Deduction Amt. Waiting Period Effective Date*

Initial Here
Initial Here
Initial Here
Initial Here
Initial Here
Initial Here

I understand that I must be a FULL MEMBER of EACC, not just a fee payer, to receive the benefits offered by EACC.

Pre-Existing: I have read and understand the pre-existing condition provisions as follows: No benefits are provided the first 12 months for any pre-existing conditions. "Pre-existing" is a sickness or physical condition that required treatment/medications, incurred expenses, or received a diagnosis/advice from a physician 12 months immediately before effective date. A pre-existing condition also includes a condition that manifests itself in a way that would cause a person to seek medical advice, diagnosis, care or treatment.

STD Flex: I understand that Hartford has a waiting period for disabilities and sickness caused by a pre-existing condition. Pre-existing conditions will not be covered unless it begins more than 12 months after the effective date of coverage. I also understand Hartford has a waiting period for accident and sickness before benefits go into effect. For example, a waiting period 0/7 includes no wait for both on and off-the-job accident benefits and a 7-day wait for sickness benefits.

Pregnancy Only: I understand that to receive Maternity benefits, I should sign up for the 8/8 waiting policy for Short Term Disability. If I have enrolled in Hartford Short Term Disability, I understand that giving birth within the first 10 months, following the effective date of these policies as a result of a normal pregnancy, including cesarean, I will not be eligible for the benefit relating to that delivery. I also understand that if I am already pregnant, I have to keep the policy for 12 months in order to file a claim.

Hartford Only: I understand that Hartford Short Term Disability will pay on the 8th or 30th day for pregnancy, illness or off-the job accident. Long Term Disability will not start to pay until the 91st day or when sick leave/sick bank has been depleted.

All: I understand that should I decide to cancel my policies, it is my responsibility to contact Hartford directly and to cancel my payroll deductions, I must notify Employee Plans Services (EACC's authorized agent) in writing,

TO: Central Payroll Department

I hereby authorize the Charles County Central Payroll Department to deduct from my salary until further notice, premium as it becomes due under the EACC Disability Plan underwritten by the Hartford Insurance Companies.

*This amount is subject to change based on the policy terms and conditions. It may also change if you add new policies or riders to your existing plans.

Please Sign Here: _____

Date: _____ / _____ / _____